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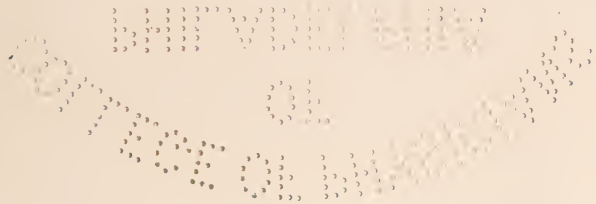
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ANATOMY—ITS IMPORTANCE TO THE GENERAL PRACTITIONER.*

BY WALTER JOEL KING, M. D., PROFESSOR OF ANATOMY, DENVER HOMEOPATHIC COLLEGE.

The importance of anatomy to the surgeon needs no emphasis; its necessity is universally admitted. No surgeon—no true surgeon—would expect to succeed unless he knew his anatomy thoroughly.

It is my purpose to point out, or to call to your remembrance, some of the anatomical points that are of importance to the general practitioner.

Anatomy is the corner-stone of medical science. Every day we should be able to put our knowledge of anatomy into practical use. We can receive many valuable aids in determining the cause, or in the diagnosis of disease, if we know the anatomical position and relation of the organs of the body.

Certain vertebrae are valuable landmarks to other parts of the body. Sharp friction over the spinous processes will cause the points of the spines to appear as prominent, small, red marks; they can then be readily counted. Frequently, the spine of a vertebra will normally deviate from a straight line.

The seventh cervical—vertebra prominens—is on a level with the apex of the lung.

The third dorsal is opposite the bifurcation of the trachea.

The second lumbar corresponds to the termination of the spinal cord.

The fourth lumbar marks the bifurcation of the abdominal aorta. It is also on the same level as the highest part of the iliac crest.

*Read before Denver Homeopathic Club October 21, 1901.

The scapulae cover the ribs from the second to the seventh inclusive.

The prominent ridge at the junction of the manubrium and gladiolus is the guide to the second rib.

The nipple, at the end of expiration, is over the fifth rib.

The fifth intercostal space is selected for the introduction of the trocar in "paracentesis thoracis," remembering to make the puncture close to the upper border of the rib, and also in the mid-axillary line. To avoid the entrance of air into the pleural cavity, the precaution should be observed to draw the skin of the chest upward before the needle is introduced, thus insuring a valvular opening, as the skin returns to its normal position and covers the opening as soon as the needle is withdrawn.

The umbilicus is rather nearer the pubes than the ensiform cartilage. It is on a level with the third lumbar vertebra and is slightly above the center of height of the individual.

The point of selection for compression of the abdominal aorta is about one inch below the navel and a very little to its left, the aorta being most easily controlled at the fourth lumbar vertebra.

A peculiar blue color of the umbilical region is one indication of an obstruction to the portal circulation and nature's effort to establish a collateral circulation with the superficial veins of the abdomen.

The anterior superior spine of the ilium, the spine of the pubes, and Poupart's ligament which stretches between them, are very important landmarks.

The inguinal canal lies parallel with and immediately above Poupart's ligament; the external abdominal ring is situated immediately above the spine of the pubes, the internal abdominal ring about two-thirds of an inch above the middle of Poupart's ligament.

The neck of the sack in inguinal hernia always passes above Poupart's ligament; in femoral hernia always below.

To reduce inguinal hernia the pressure should be directed up, out and back; in femoral hernia, at first slightly downward and then directly backward.

Below Poupart's ligament is the fold of the groin, per-

ceived when the thigh is flexed. This lies directly over the hip joint. This fold is usually obliterated by the effusion which occurs early in "morbus coxarius." Another early diagnostic sign often found in hip joint disease is tenderness in the hip joint as detected by firm pressure just below this fold.

The so-called "fold of the nates" should be compared on the two sides in suspected hip joint disease; "flattening of the buttock" is indicative of this disease.

Nelaton's line, extending on the outer side of the limb from the anterior superior spine of the ilium to the tuberosity of the ischium of the same side, is just above the tip of the great trochanter.

The prominent tuberosities of the ischium bear the weight of the body when we sit on a hard and unyielding support; but when we sit upon cushioned seats, the soft tissues are pressed upon. This compresses the arteries, veins and nerves of the gluteal region and tends to create congestion of the pelvic organs and the development of uterine disorders and hemorrhoids.

Abcess in the thumb or little finger is liable to extend along the continuous synovial sheaths into the palm and forearm. In the other fingers the synovial sheath of the tendons extends down only to the metacarpo-phalangeal articulation.

Should suppuration and deep abcess follow an injury to the spine, the abcess should be incised early, as the vertebral aponeurosis tends to prevent the pus from pointing.

Caries of the lumbar vertebrae or if the ilium may cause a sub-peritoneal abcess which usually will burrow along the psoas magnus or iliacus and point upon the upper inner surface of the thigh.

If it becomes necessary, in case of tetanic fixation of the jaw, or fracture of the jaw, to resort to forced alimentation, a stomach tube may be introduced between the last molar tooth and the ramus of the jaw.

If a refractory patient refuses to open his mouth, you can cause him to open it by closing his nostrils between your fingers. In like manner, you can succeed in getting a view of a baby's tongue.

In cholera infantum, to detect earliest loss of flesh, examine the inside of thighs.

The integument of the posterior cervical region is closely adherent to the subjacent tissues. This explains the intense pain which often accompanies all forms of local swellings of this region.

A sub-occipital abcess tends to become chronic by reason of the movements of the occipito-frontalis muscle. Strapping, so as to keep this muscle at rest, is an important part of the treatment.

Strapping the chest in acute or chronic pleurisy, not only keeps the ribs quiet but prevents friction of the visceral pleura upon the inflamed costal pleura.

Patients suffering from pleurisy or pneumonia should not be allowed to talk or answer questions, except by monosyllables, so as to avoid a full inspiration.

In pneumonic consolidation, percussion reveals, very often, that the lower limit of lung tissue is below the normal level on both sides of the chest. The weight of the consolidated lung tissue tends to sink it lower; while the other lung becomes excessively inflated and enlarged in endeavoring to perform the labors of both.

In observing the respirations of a patient covered with a sheet, we find the movement in the female most prominent over the chest, while in the male it is most prominent over the abdomen.

In auscultation or percussion of the inter-scapular region, the scapulae can be widest separated by having the patient cross his arms horizontally over the front of the chest, with his hands resting on the opposite shoulder.

The amount of expansion on each side may be roughly estimated by observing the movements of the scapulae. Have the patient stand erect, with the arms hanging loosely at the sides of the chest. The serratus magnus muscle will move the scapula in the exact proportion to the amount of expansion of the chest upon that side.

In children, cerebral affections are indicated by expressions of pain as mirrored on the upper third of the face, affec-

tions of the chest on the middle third, and of the abdominal viscera on the lower third.

A thorough knowledge of the seat of origin of the nerves, together with their point of exit, general course and distribution may be of very great value in diagnosis. Pain can always be attributed to the nerves; there is no other tissue that can express pain. Whenever a pain is felt we know that the precise cause must be situated somewhere along the course of the nerve. Thus our knowledge of anatomy enables us to follow this direct guide to the exact source of the pain.

The seat of pain may be far removed from its exciting cause; for instance, pain in the region of the right scapula is one symptom of disease of the liver; this is explained by the anastomosis of the splanchnic nerves with the cervical and brachial plexuses.

Severe pain in the gluteal region, over the hypogastrium or in the upper and inner part of the thigh and in the scrotum or labium may be produced by disease of the lumbar vertebrae, pelvic disease, or irritation at some other point along the ilio-hypogastric and ilio-inguinal nerves.

Through the pudic nerve, rectal irritation is a not uncommon cause of sympathetic manifestations in the genito-urinary organs and perineal muscles. The perineal branch of the small sciatic nerve is distributed to the outer portion of the perineum and the sides of the penis. Either of these nerves may be the cause of pain referred to the perineum and penis.

A pain in the region of the neck and the top of the shoulder is often present in inflammation of the diapragm or of the visceral layer of the pleura. The anatomical explanation is the reflex irritation of the descending filaments of the cervical plexus through the phrenic nerve which has its origin from the third, fourth and fifth cervical nerves.

Through the intercostal nerves, we find the pain of pleurisy at the upper part of the chest, often transmitted to the skin of the axilla and the front of the shoulder. Cancer of the breast often causes pain between the shoulders, or on the side of the chest, and sometimes down the inner side of the arm, across the axilla.

Persistent pain upon the anterior part of the sternum and

on the surface of the upper and posterior part of the chest is frequently associated with disease of the heart and large blood vessels.

The lower intercostal nerves supply the abdominal muscles and integument. Quite frequently the symptom of abdominal pain has its exciting cause within the chest or in the course of the lower intercostal muscles.

Distressing pain referable to the "pit of the stomach" may have its origin along the course of the sixth and seventh intercostal nerves—as the pleura, ribs, oesophagus, aorta, etc. If all these are unaffected, look for the cause in spinal affections of the mid-dorsal region.

Unilateral pain implies a one-sided seat of origin, which usually is located on the same side of the body as the pain; bi-lateral, symmetrical, superficial pains point to a central or bi-lateral cause.

A fixed and local pain upon the surface of the body, with or without exacerbations, and often without any local increase of temperature at the seat of disease, is an early, prominent and very important symptom of morbid conditions of the spine. Marked relief from the recumbent posture is experienced in pain of spinal origin.

Pain from disease of the spine between the atlas and axis, where the great occipital nerve arises, is transmitted by this nerve to the region of the nape of the neck.

"The nerves which supply a joint supply the muscles which move it and the skin over the insertion to those muscles." This axiom explains many cases in which the pain and its cause are far removed; as in hip joint disease, the pain in the knee is due to irritation of the obturator nerve.

Remember, pain confined to any one joint, is probably not rheumatic in origin. Especially in children, mono-articular affections should lead you to look for tubercular disease. In the adult, rheumatism of but one joint, especially if it be one knee, is a symptom pointing to gonorrhoeal origin.

The lungs extend anteriorly from one and one-half inches above the first rib to the eighth rib; posteriorly from the level of the vertebra prominens to the spinous process of the tenth dorsal vertebra.

In quiet respiration—patient being in recumbent posture —if you feel the anterior edge of the liver lower than the eleventh rib, you have good reason to suspect enlargement or displacement.

During the examination of the spleen, the patient should lie upon the right side. If you detect a solid mass protruding from underneath the left costal cartilages during a full respiration and receding with expiration, it is very positive evidence of an enlarged spleen.

The pancreas lies in front of the second lumbar vertebra or about two inches above the navel.

Five-sixths of the stomach are to the left of the median line. It lies just under the liver and diaphragm, in front of the pancreas, solar plexus and left kidney, and extends from the spleen to the gall-bladder. The lowest edge of the greater curvature is a little over an inch above the umbilicus.

The transverse colon of the large intestine crosses the anterior abdominal wall slightly upward from right to left, lying usually just above the level of the umbilicus. Its upper surface is in relation with the liver, the greater curvature of the stomach and the spleen. The gastro-colic omentum alone separates the stomach and transverse colon.

The kidneys lie bhind the peritoneum and extend from opposite the spine of the eleventh dorsal to the spine of the second lumbar or about two inches above the level of the crest of the ilium. The liver pushes the right kidney a little lower than the left, but its shorter length brings their inferior border on the same level. The outer extremity of the last floating rib is the usually selected point for aspiration of the kidney pelvis in hydronephrosis or pyelonephritis.

The position of the bladder varies greatly. When empty it is below the symphysis pubes, but when fully distended rises nearly as high as the umbilicus. The use of the catheter will quickly show whether or not a tumor in the hypogastric region is due to a distended bladder.

The normal seat of the apex beat is about two inches below the left nipple and midway between the edge of the sternum and a line dropped from the nipple. However, in

most children, up to the fourth year, the apex beat lies without the nipple line.

The valves lie in close proximity to one another—all being within a space of less than an inch square—but experience has taught the points at which the sounds of the several parts of the heart may be isolated and studied. The sound of the aortic valve is most distinct in the right second intercostal space, while that of the pulmonary valve is most distinct in the left second intercostal space; both of these points are just external to the border of the sternum. The mitral is to be listened for just above the apex beat. The best point for hearing the sound of the tricuspid is over the gladiolus near its junction with the ensiform cartilage. Lung tissue covers all of these points; hence all of these sounds will be heard more distinctly if the patient holds his breath during the examination.

Regurgitation at the tricuspid valve may be diagnosed when the jugular veins are seen to pulsate synchronously with the cardiac systole. Usually we will find that previous disease of the lungs or of the mitral valve was the primary cause of the tricuspid insufficiency. The pulsation due to this difficulty may sometimes be observed over the liver, being transmitted thence through the vena cava inferior and the engorged portal and hepatic veins.

A dyspeptic patient often believes his heart is the source of his trouble, by reason of the palpitation and cardiac distress. The cardiac end of the stomach is overlapped by the apex of the heart and the lower part of the left ventricle, hence the heart symptoms accompanying flatulency. An over-distended stomach may, by compressing the heart cavities and impeding the return of venous blood from the head, cause stupor, coma or even epileptic fits.

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

DEATH RATE DECREASING.

The last census shows a decrease in the death rate for the last decade. The following table shows the mortality rate of 1900 as compared with that of 1890 in twelve leading cities of our country:

	1890	1900	Decrease.
Chicago	19.1	16.2	2.9
St. Louis	17.4	17.9 (increase)	0.5
Boston	23.4	20.1	3.3
New York	25.3	20.4	4.9
Baltimore	22.9	21.0	1.9
Philadelphia	21.3	21.2	0.1
Buffalo	18.4	14.8	3.6
Milwaukee	18.8	15.9	2.9
Detroit	18.7	17.1	1.6
Cleveland	20.2	18.6	1.6
Cincinnati	21.0	19.1	0.9
San Francisco	22.5	20.5	2.0

Average decrease of the twelve cities is 2.1. The six cities of the first class have an average decrease of 2.1, and peculiarly enough, the second six, which are cities of the second class, have also the same average of decrease in the death rate.

In the southern cities the death rate is considerably higher, that of New Orleans being 28.9, that of Atlanta 26.6, and that of Charleston as high as 37.5. This lessens the decrease in the mortality rate for the whole country, which has been found to be 1.8 per cent. less than it was in 1890.

This is a good showing and speaks well for the whole country. This indicates better sanitation, an improved system of medication and better surgery.

ACCEPTING HOMEOPATHY.

In a single issue (November) of Modern Medical Science appears two records where "regulars" accept homœopathy:

"Regulars" Claim Homœopathy.—In the Medical Record for July 13th, Doctor H. Holbrook Curtis claims to immunize hay fever sufferers by administering a preparation from the pollen of certain plants, more particularly "rag weed" (ambrosia trifida), golden rod (solidago odora), etc. (It is well known that hay fever is caused or excited by the pollen of these plants, i. e., they are "homœopathic" thereto.)

Solidago virgaurea is a foreign species of golden rod, one used as a domestic remedy for backache and diseases of the kidneys generally, in Germany, for centuries. Homœopathic physicians prescribe it for renal pain, or pain in circumscribed spots in the region of the kidneys; for pains in back, extending forward to the abdomen; in dysuria, difficult and scanty urination, dark urine with sediment (either of the phosphates or blood or pus); useful also in pronounced nephritis.

For the relief of coryzas vegetable charcoal is suggested by Dr. T. M. Stewart of Cincinnati. He states the remedy is particularly indicated if there is irritation of the trachea and bronchi with mucous expectoration, chilliness and light colored urine.

Quinine as Homœopathic to Malaria.—Kleine (British Medical Journal), reports fifteen cases of blackwater fever, in each case of which the hæmoglobinuria followed, more or less immediately, the administration of quinine. He believes that the statement of Koch, that blackwater fever is due to the administration of quinine, is true.

DRUG SYMPTOMATOLOGY.

Dr. E. M. Howard of Camden, New Jersey, in an article entitled "A Study of Drug Symptomatology," read before the Philadelphia County Homœopathic Medical Society, takes exception to many of the definitions of the primary and secondary action of drugs. He would divide all drug effects into two

groups, the local and the remote, the latter being either direct or indirect. He would include all these, the local and the remote, the direct and the indirect, also the secondary and the primary, as true drug effects. His last paragraph is as follows:

Symptomatology must be studied in the light of its natural history; that, excluding mechanical effects both local and remote, we dare not draw any other dividing line; but that, finding the tissues and functions for which a drug has its especial affinity, we must trace out its various physiological disturbances from beginning to finish; that every symptom thus appearing, whether local or remote, direct or indirect, primary or secondary, must be classed as a true drug effect, and may be rightfully used, in accordance with the law of similars, as a guide to the selection of the remedy for any disease which presents the same or similar natural history. B.

A BELLADONNA CHARACTERISTIC.

A man aged seventy-seven, so demented that he is scarcely able to make known his wants or safe to be out on the streets unattended, was taken ill with a dull, heavy pain in the left hypochondrium, extending down to the iliac fossa. There was slight fever, the tongue carried a yellowish white coat and there was but little appetite and no thirst. During the night before I saw him he had slept but little and moaned at every breath while awake.

He presented no especial belladonna symptoms save the moaning at every breath, and yet this remedy in the third decimal solution, taken each hour, relieved the pain entirely after a few doses and really cured him in twenty-four hours, to the great delight of his attendant.

But for this "moaning at every breath," so characteristic of belladonna, this remedy would have scarcely been thought of, and yet ignoring the symptoms of indigestion and prescribing on this one characteristic sympton alone the case was speedily cured. B.

PROFESSOR KOCH RIGHT.

Dr. Edward Moore of New York, a veterinary surgeon of some note, believes Professor Koch is right when he says tuberculosis is not transmissible from animals to men. In a recent article on the subject, published in the Homœopathic Recorder he says:

Those who investigate the subject without bias must do as Dr. Koch has done, change their opinion. I paid tribute to the genius of Koch two years ago, while I believed him wrong on this particular subject, and now I thank God there is one man who, while occupying a most prominent position among scientific men, is not afraid to announce to the world that he has been wrong for years. Such a man is indeed scientific, in that he states the facts as he finds them, no matter what position he finds himself in. But I may say that we did not need a Koch. we simply required fair investigation. Milk from healthy cows is preferable to milk from diseased cows, but if we happen to drink milk from one or more tuberculosis cows we need not give ourselves any concern about it.

The Albany Journal, in commenting on this subject, says that Dr. Moore is a graduate of the Royal College of Veterinary Surgeons of Great Britain, and a practicing veterinarian of many years' standing in that city. He has been studying the subject of bovine tuberculosis for about twenty years, and about two and a half years ago reached the conclusion that the disease is not communicable to the human system. He so declared in a paper read before the Albany County Medical Society, April 18, 1899.

Dr. Moore is the veterinary editor of the Country Gentleman, and his subsequent articles on the subject attracted a great deal of attention among breeders, veterinarians and physicians generally.

So perhaps Professor Koch, in his recent conclusions that tuberculosis is not transmissible from animals to men, is correct, after all. It would seem that not a few in the profession consider him so. B.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROFESSOR OF OPTHALMOLOGY AND OTOLOGY IN THE DENVER HOMEOPATHIC COLEGE.

We are indebted to the "Annals of Optholmology" (October, 1901), for the following abstracts:

Disadvantages of Copper Sulphate in Diseases of the Conjuntiva and Cornea.

Williams, Cornelius, St. Paul, Minnesota (Medical Record, September 21, 1901). The writer refers to the routine use of this remedy for every disease of the conjunctiva in which there is infiltration or hyperplasia; although admitting that the results might be good in the hands of the careful and skillful, he claims that its abuse by the many has become the rule. "The objections to the use of copper sulphate are so great, and its advantages so much less than those of other and safer remedies, that I think it should be banished absolutely from our list of remedies. There is nothing which it can accomplish which may not be done with infinitely less pain, and in a much shorter time, by other means. Mercury bichloride, for example, is so far superior to copper sulphat in trachoma, or in any chronic pernicious hyperplastic condition of the conjunctiva, that there can be no comparison between the two. The copper salt is painful, and the pain is long and will not quiet; the mercury solution, properly used, is painless and efficient. For all of those conditions enumerated by Dr. Claiborne the mercury salt is pre-eminently adapted. Those who may not have used bichloride of mercury in trachoma, but who have had an extensive experience with copper sulphate, if they can be persuaded to substitute the mercury salt for the copper, will never, under any circumstances, return to the barbarity of copper in the solid salt."

The writer gives a number of illustrations of the damage caused by bluestone in trachomatous eyes. For velvety conjunctivae he recommends cleanliness and nitrate of silver al-

ways with boric acid, sometimes with glycerine and alcohol also. He never uses strong solutions and thinks they are contraindicated. "For trachoma, with or without expression, I use a solution of silver nitrate of one-tenth to one-fifth of a grain as often as in my judgment that particular case may require. The eye is irrigated very freely from six to eight times a day with bichloride (in salt solution), 1:40,000. Before applying the silver solution, and before irrigation, the conjunctival sac should be thoroughly cleansed by wiping with absorbent cotton; the toilet is completed by carefully wiping dry the edges of the lids; this removes moisture and decomposing particles which induce itching, rubbing, and consequently increased inflow of blood."

The writer believes the most difficult part of the treatment of trachoma is the finishing and for this he recommends a solution of tannic acid and boric acid in glycerine and water. When he wishes to stimulate the cornea to increased tissue change, he adds alcohol. He has not seen staining of the conjunctiva occur from the use of the weak silver solution, even when its applcation has been kept up for a long time. He sums up his conclusions as follows:

1. Copper sulphate in ocular affections is maleficent in its effects. 2. Any good effect following the application of the solid copper sulphate in any disease of the eye may be obtained with the use of safer and practically painless means. 3. Trachoma is most successfully treated with weak solutions of silver nitrate, together with frequent irrigation with weak bichloride solution in normal salt. 4. No appliaction to an inflamed conjunctiva which produces a lasting pain should be countenanced. 5. Expression is not absolutely essential, yet much hastens the cure of trachoma. 6. A mydriatic should be used in every disease of the eye involving corneal lesions. 7. Copper has ruined more eyes than it has ever benefited."

The Therapeutic Value of Adrenalin Chloride.

Reynolds, Dudley S., Louisville. (American Medicine, July 6, 1901.) The writer presents his personal experiences with adrenalin, his favorable opinions being based upon 1,222 ex-

periments conducted at his clinic. Some of these observations in individual cases are given in full The paper closes with the following summary of the effects of this remedy:

"1. It is a powerful hemostatic, and acts promptly, generally within one minute from the time it is applied locally to mucous surfaces.

"2. Its effects persist from twenty minutes to four hours.

"3. It promptly relieves ciliary pain in all forms of keratitis, iritis, and even the cyclitis of glaucoma.

"4. It reduces ocular tension in glaucoma, and apparently prevents hemorrhage in iridectomy.

"5. It promptly clears up interstitial opacities of the cornea, following contusions, and seems to modify favorably the opacities of punctate keratitis in case of syphilitic iritis.

"6. It will, in many cases, so reduce the swelling in the tear passages as to allow a stream of fluid to pass from Anel's syrings through the duct, without the use of a probe. In an old purulent dacryocystitis, the pus being pressed out with the finger through the tear sac, about two minims of adrenalin was passed in with the Anel syringe. Five minutes later, a charge of sodium chloride solution passed readily through the duct into the nose. Repeating this procedure daily, prompt recovery was secured without the introduction of the probe. In a great variety of tinnitus aurium, prompt and sometimes lasting benefit follows the introduction of a drop of adrenalin solution through the eustachian catheter, blown into the tympanic cavity. A number of cases of tinnitus without serious impairment of hearing, have been permanently relieved by two or three applications of the adrenalin through the catheter.

"7. In all forms of swelling in the lining of the nose, prompt relief follows the application of four or five minims of the adrenalin solution sprayed into the passage. In this way the superior crypts may readily be opened, and medicated fluids sprayed into the passage, or other applications made, where access is otherwise impossible. It renders operations in the nasal passages, and elsewhere, nearly or quite bloodless, and does not, as some claim, predispose to secondary hemorrhage, but has a contrary effect. The one to 1,000 solution of adrenalin in sodium chloride may be relied upon and to relieve any

case of epistaxis. In cases of secondary hemorrhage, after operations in the nasal cavities, or tonsils, an application of adrenalin solution on a cotton mop, pressed upon the bleeding surface, proves promptly efficient as an hemostatic.

"The adrenalin solutions are in every sense of the word superior to any preparation of the suprarenal extract, or of the dessicated glands which I have been able to procure."

The Development of Young Myopic Eyes When Provided With Glasses Which Correct All of the Myopia.

Pfalz, M. D., Dussedorf. (Munch. med. Wochenschrift, 17 September, 1901.) This is the title of a communication made at the last meeting of the Heidelberg Ophthalmological Congress. The author takes the well known German view of the subject of correction of myopia and comes to these conclusions. In young myopes full correction should not be made. Spectacles should always be prescribed (in preference to eye glasses) with periscopic lenses, especially when the myopia is over 2,5 dioptres. Young myopes should always be kept under close observation. It is an open question whether in this way we can prevent the further progress of myopia.

The Eyegrounds in General Diseases.

Litter, M. D. (Wochenschrift fur Therapie und Hygienedes Auges., No. 42, 1901.) The author has reported thirty-five cases of septicemia and in twenty-eight of these cases there were marked changes in the eye-grounds These changes generally made their appearance a few days before death. There were generally small, white, round spots which were seen in the region of the papilla, never near the macula, and without any relation to the blood vessels There were also numerous flame-shaped hemorrhages. Foci and hemorrhages developed with great rapidity often in the course of an hour. Among the twenty-eight cases there were eight with metastic panophthalmitis in which there were no opthalmoscopic changes. Herrnheiser confirmed these results in those with septicemia, but he has never observed these changes in lyin-in women. The changes, however, are no criterion as to prognosis, for they occur in light as well as in serious cases, and they may disappear. Similar changes are seen in Bright's disease, pernicious anemia, diabetes, etc.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA, DENVER HOMEOPATHIC COLEGE.

MELILOTUS.

This is that, to us, unpleasant smelling melilot, or sweet clover, that is so abundant on abandoned lots and roadsides. As a remedy two things point to melilotus; they are pain and debility. Usually the pain is not reflex, and the skin and extremities are cold. The patient is miserable and wants relief at once, and sweet clover frequently brings sweet relief. Try melilot in the next case you have of neuralgia plus debility; no matter whether it be recent or of long standing. It may be ovarian or not. Try it in the debilitated case that has a colic. There is coldness, tenderness, pain. Try it in that case of diarrhoea plus pain, and the above symptoms; try it in dysuria plus pain, soreness of the parts and depression; try it in dysmemorrhoea plus pain in womb, and ovaries, and hips—lameness. The sweet clover dysmenorrhoea patient has pain, is lame, and cold, and colicky. She passes flatus, but is not relieved. Try melilotus in your next depressed, depraved rheumatic case, no matter whether sciatic or not, so that the other symptoms present. Try sweet clover in any case of poor blood, cold surface and extremities, in which there is pain, no matter where it is—rectum, chest, abdomen, pelvis.

It will meet favorably many of those cases of idiopathic headache, in which the above symptoms predominate; and as we said above, it is a most excellent remedy for neuralgia, especially old, long-standing, worn cases, ovarian or otherwise. It is also recommended as an excellent relief for the colic and incident spasms of teething children.

The dose of the specific medicine is from one to ten drops every half hour or less, taken in an abundance of water.—"W. E. B." in the Electic Medical Journal.

Melilotus is, characteristically, a homœopathic drug and was introduced into homœopathic practice by Dr. Bowen. It

is not indicated in "any old" neuralgia as the foregoing quotation would lead one to suppose, but where there is a "neuralgic headache, recurring every day at 4 p. m. Violent neuralgic headache, driving him almost crazy, with violent congestion of the head, pulsation, purple redness of the face, extreme nervousness symptoms associated wtih nosebleed, which relieves," then you have a melilotus neuralgia from a hoœopathic view point. Allen's Handbook of Materia Medica, under the clinical features of the drug, says it is indicated in "epilepsy resulting from a blow on the head," and that such cases have been cured. It iscalled in "puerperal convulsions and convulsions of teething children." The mind picture of melilotus would make it a valuable remedy in "religious mania and hypochondriasis." However, if it is to be used by homœopaths in an intelligent, homœopathic manner, it will be necessary for those using it to carefully study the pecularities of the drug and apply it in accordance with the law of similars, and not rely upon the result to be desired simply, as the old song used to suggest, "Because My Mother (or some one else) Told Me So."

ACETANILD (ANTIFEBRIN).

(Involuntary provings from large doses. Cases noted in Sajous' Annual.)

Mental—Semi-conscious, coma; delirium, mental confusion; gnashing of teeth.

Head—Head, hands and eyelids cold, but feet warm; forehead bathed in sweat.

Eyes—Pupils dilated or contracted.

Face—Cyanosis of face and lips; ears blue; livid complexion; face livid and expressionless; tongue, lips and finger nails intensely cyanotic, almost black.

Stomach—Excessive vomiting; pain in stomach.

Abdomen—Loud and continuous borborygmus.

Urine—Albuminuria; hæmoglobinuria; suppression of urine; urine dark brown and profuse.

Respiration—Short, rapid breathing; superficial and slow breathing; oppressed breathing; respiration sixty.

Heart—Very feeble pulse; slow pulse; weak, thready, irregular pulse.

Mammæ—Breast milk thinner.

Extremities—Cold extremities; hands and feet cold; fingers slightly rigid; fingers and toe-nails blue.

Nerves—Nervous twitching; sensibility not impaired; weakness and dizziness; collapse; fainted and passed urine involuntarily.

Temperature—Sub-normal temperature.

Skin—Tingling of skin over entire body; great pallor; whole skin and visible mucus intensely cyanotic, dark blue; smaller veins all over the body prominent.

Perspiration—Profuse sweat; cold sweats.

Tissues—Cyanosis is due to liberation of free aniline in the blood, and is not ameliorated by the inhalation of oxygen. —Journal of Homœopathics.

Petroselium—Has desire to urinate, which comes on very suddenly, and if not attended to at once causes quite severe pains. Children dance up and down, and cry when this desire seizes them. Physicians can very often test the efficacy of this remedy when they obtain the above symptoms.—Homœopathic Journal of Pedriatics.

Ferrum Phos.—Pneumonia.—Dr. Joseph C. Guernsey thinks that the symptom "expectoration of pure blood" is one of the most dependable indications for ferrum phos. in pneumonia. He also believes that this remedy should not be classed with aconite, as a remedy suitable only for the initial and early stages, because ferrum phos. will often be of great service even in the more advanced stages of the disease. We heartily endorse these statements. Hehnemann Monthly.

The Fulgurating Pains of Locomotor Ataxia.—Dr. F. Cartier says that in three cases of locomotor ataxia he was able to cure the fulgurating pains with kalmia latifolia. Its action was prompt and decisive. (We can report great benefit from the administration of the same remedy in an obstinate case of right-sided facial neuralgia. It was selected according to the usual method, of comparing symptoms and modalities with

the pathogenesis; and, although section of the nerve had failed, kalmia ameliorated the pains to such a degree that the patient was satisfied, and always keeps it by him to prevent a return of the suffering.)—Hahnemann Monthly.

Adonis Vernalis.—Dr. M. H. Chamberlin of Monrovia, California, says that for some time he has been looking about for a remedy which he could use in cases of very low vitality, with weak hearts and slow, weak pulses. He thinks he has found the remedy in adonis. High dilutions of digitalis have disappointed him, and he has been afraid to use digitalis in tincture in these cases "for fear of breaking still further the low vitality left in the heart." He also dislikes to use strychnia, because he has found it to be too irritating to the nervous systems of these patients. His experience with adonis proves it to be a safe and valuable remedy. Five or ten drops of either the tincture or the first decimal dilution are put into a half glass of water, and teaspoonful doses administered every hour or two. It has improved the strength and rapidity of the pulse in a few hours. It seems to act best in cases in which there is little blood in the arterial system, but too much and too high a pressure in the venous system. So the author uses it in very weak heart with valvular troubles, and "where the richness of the blood has been destroyed or deteriorated by septic or toxic conditions, as in Bright's disease, with dropsical swelling and scanty and albuminous urine; or after diphtheria, where the pulse was slow and weak, being only fifty or sixty per minute."—Pacific Coast Journal of Hom., November, 1901.

VARIOLINUM IN SMALLPOX.

"If, in the searching progress and evolution of the healing art, a remedy has been developed that stands the crucial test of years of repeated trial in controlling, curing and abbreviating all forms of this terrible disease, and if the continued use of it in the hands of its advocates induces them to grow more sanguine and enthusiastic over its success—so much so

that they appeal for opportunities the most decisive to prove and confirm their claims—does it not become a matter of such world-wide interest and overruling importance as to rise above school, sect or prejudice of any kind? A positive demonstrable fact must supersede all negative speculations.

"Such a remedy does exist. It is variolinum.

"Variolinum in the incubative stage when a person has been exposed to contagion; variolinum in the initial fever, three to five grains of the third trituration every two hours; variolinum in the eruptive stage, papular, vesicular or pustular; and I was about to say variolinum in the stage of secondary or suppurative fever; but, thank God, if the variolinum is given in the commencement and continued, your patient will be convalescent by the time the suppurative stage is due. I never yet, through considerable experience with the disease in upwards of a quarter of a century, have seen a case whose progress in development was not arrested by the time the variolinum had been given four or five days. The majority of my cases were not seen until the significant eruption had appeared. In several, however,, I had the good luck to recognize the disease in its incipiency, where the variolinum absolutely prevented any eruption, and where, of course, it might be argued that I had erred in my diagnosis; but they were cases where exposure to the disease had occurred, and where indue time the characteristic chill, fever, backache, headache, gastric distress and nausea ensued in such a manner as to impress any one at all familiar with the onset of the disease.—H. M. Bishop, M. D.

FIFTEEN THOUSAND DOLLARS FOR DEATH OF PHYSICIAN.

The second appellate division of the Supreme Court of New York holds, in the case of Ericius vs. the Brooklyn Heights Railroad Company, that it cannot be said that an award of $15,000 damages is excessive for causing the death, through negligence, of a physician about fifty years old, who was earning in the practice of his profession $175 a month.—Journal of the American Medical Association.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

OPERATION FOR GALLSTONE IN THE COMMON BILE DUCT—RECOVERY.

The following case was referred to me by Dr. C. W. Judkins of Aspen, Colorado, to whom I am indebted for most of the history of the case: Male, fifty-two years; had been troubled with frequent attacks of indigestion, colic, jaundice and liver trouble, for which he had been doctored by allopathic physicians for fourteen years; never one of the many who treated him diagnosed gallstones, notwithstanding he had almost every symptom that accompanies that disease.

When the case came under the notice of Dr. Judkins, he immediately suspected their presence, and told him to examine the stools in a severe attack of colic, and he found a fair size stone.

In August last the patient had two such attacks, passing a stone each time. Soon after this he came to Denver, having lost thirty pounds in weigh within a few weeks, compelling him to quit work on account of weakness.

Upon examination, found he was languid, drowsy, with general jaundice, clay-colored stools, urine dark, and on examination found to be heavily charged with bile, constant recurring pain radiating towards the umbilicus and up into the region of the stomach. The Mayo-Robinson point was not tender, as is usual, and palpation did not reveal any enlargement of the gall bladder. There had been on several occasions attacks of chill, fever and sweat, which were quite severe, and followed by an increase of the jaundice. Taking the above symptoms of loss of weight, no enlargement of the gall bladder, fever during an attack, persistent jaundice and recurring pain in the epigastric, was led to diagnose stone in the common duct.

On October 12th, assisted by Dr. S. S. Smythe, by means of a vertical incision the abdomen was opened and the liver

brought into view; the gall bladder was found to be contracted and thickened and very small, with no stones in it. The common duct was found to contain a hardened mass, which by manipulation with the fingers seemed to give way under the pressure and was forced through the duct into the bowel. Not having to open the gall bladder or duct the wound was closed without drainage. The wound healed without suppuration, the stitches were removed on the eighth day; patient up on the thirteenth day. The temperature never at any time reached 100 degrees. Peristalsis was established at the end of twenty-four hours and bile found in stools. The urine commenced to clear, and within a week was much improved. The case progressed to complete recovery, the skin and eyes clearing up. Only once, on taking a cold in Leadville, did any symptoms of jaundice appear, but with it no pain; under China 12x the symptoms quickly cleared up.

Barring the most persistent hiccoughs for the first five days the patient had no trouble, and wrote me that he had gained eight and a half pounds in a little over two weeks after reaching home, and that he felt as strong as ever and his trouble seemed like a dream only. J. W. A.

REMOVAL OF POWDER STAINS.

Ammonium iodid, 1 oz.; distilled water, 1 oz. Paint solution on the stains. This will turn them to a reddish color, which can be removed by painting with dilute hydrochloric acid. The application of hydrogen dioxide is quite effective, also, in this trouble.—Merck's Archiv.

HINTS AS TO COMPOUND FRACTURE.

1. Never apply a plaster splint to a compound fracture.
2. Treat the lacerations and contusions antiseptically.
3. The writer uses the Levis metallic splint in these cases with marked success when laceration is anterior.

4. —The bandange is so applied that while holding the bones, it does not cover the laceration.

5. It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

6. Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

7. A little massage will quickly compensate for a trifle of disturbance of the fractured ends.

8. If pus should form, use calcium sulphide and echinacea, or icthyol; keep bowels free and apply H_2O_2 icthyol, etc, locally.

9. Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea; the surgeon.

10. Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay for.—Dr. C. E. Boynton in Medical World.

Los Banos, California.

DONT'S IN TWENTIETH CENTURY SURGERY.

1. Don't probe for a ball. Nature will find it.

2. Don't cut away any integument. Scraps may make mighty nice job lots in the end.

3. Don't destroy a piece of bone, if tissue to cover it is obtainable.

4. Don't deny nature a chance to assert her rights.

5. Don't let severed fingers and toes lie on the ground to perish. Stitch them in place; try moist antiseptic dressing and watch results.

6. Don't forget that blood clots will replace expended superficial and deep structures, even nerves, veins, arteries.

7 Don't hurt a patient who is already hurt.

8. Don't attempt an operation without a full knowledge of the anatomic surroundings.

9. Don't waste time while operating. Remember Davy Crocket's axiom, however.

10. Don't believe minor operations are not as dangerous as major ones. The prick of a pin has laid many low.

11. Don't use the knife if you can use anything else. Good judgement is ofttimes better than good cutting.

12. Don't meddle with your surgical cases. Good eye sight, tactile sensation and an acute olfactory sense are prime requisites to surgical success.

13. Don't trust your surgical cases to any one It is better for you and your patient to know each other intimately from start to finish.

14. Don't operate on credit. Let it be straght-out cash or pure charity.

15. Don't go mad over antisepis. Operations in hovels have made some surgeons famous, and mortality almost a myth.

16. Don't forget, however, that the doctor can be a surgeon under all circumstances.

17. Don't send your operable cases away. If you need help get it.

18. Don't attempt an inoperable case. Let the patient know the facts. Truthfulness is next to Godliness.

19. Don't use dull instruments or rotten ligatures. You lose your temper in the first instance, and the patient might lose his life in the second.

20. Don't forget to always personally examine the organs of the thoracic and abdominal cavities closely.

21. Don't tell patients too much surgery. Graduates are not made in a day.

22. Don't criticise any man's work. A silent tongue is better than a glass house.

23. Don't do surgery under contract. Let no man hamper your head or your hands.

24. Don't forget that a poverty-stricken wretch is entitled to the same surgical consideration you would give a potentate.

25. Don't lose your head. You want it in the right place when a scalpel is in your hand.

26. Don't waver over unfortunate results. If you would save all, there would be too much demand for your services.

27. Don't borrow too much of the other fellow's thunder. When you can, pay all you have borrowed. You might make some yourself if you would persevere.

28. Don't wash a granulating sore. You tear down what nature is trying to build up.

29. Don't fail to do your own operation, if you can't do the other fellow's.

30. Don't tell a patient you saved his life. Let him do that.

31. Don't use too much alcohol in your surgical practice. It is a treacherous article in both health and disease.

32. Don't permit a nurse to be the attending physician. She has her place and should know it.

33. Don't call every enlargement a tumor. Give it some definite name. The growth might rebel.

34. Don't try to look "owly." Patients are not always dazed by pomposity.

35. Don't attempt more than thirty operations per day. Your health will give away under too great pressure.

36. Don't try to remember all of these "don'ts." Take your pick. They might help you across a stream—and not change horses at that.

THE DOCTOR'S BILL.

The physician himself is at fault for the remissness of his patrons in paying their dues. Indeed, our profession has been brought under contempt through the adage: "As hard to collect as a doctor's bill." Tradesmen are promptly paid the entire amount of their bills. The doctor would be, too, if he would only put up a little fight for it; but, without a particle of business insistence, with childlike timidity, he humbly submits, without protest, to being paid at any odd time, in a haphazard way, at long intervals, and then, usually, only a part of his bill, in stead of the whole of it. Eventually payments become more and more remote, while the amounts at each payment dwindle in proportion.—Dr. G. R. Patton in the Northwestern Lancet.

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EDITORIAL COMMENT.

A MODERN MYTH.

The fad for evolving new theories is working the medical profession pretty hard nowadays. Every fellow with a microscope and a potent imagination endeavors to astonish the world and gain notoriety through the announcement of some pretended discovery concerning disease, its causation, or its eradication. The medical journals, to say nothing of the daily press, are flooded with these fake discoveries, and it is high time for our medical editors to draw the line on everything of the kind that does not present at least a reasonable degree of scientific authority.

We had thought that at least the cancer theorists had reached their limit, but we find in a recent article in the Lancet that Dr. James Braithwaite of Leeds claims to have discovered that cancer is caused by the excessive use of common salt in food. It is quite the fashion now to attribute almost any effect upon the human system, good or bad, to the use of salt, and we presume Dr. Braithwaite thought it an op-

portune time to spring a new theory upon a gullible public and no less gullible profession. The doctor travels a large circuit for arguments in support of his theory (not omitting our Jewish friends), but the strongest one seems to be that malignant disease is very prevalent at Malton and Pickering, where the main articles of food are beef and bacon, a diet containing an excess of salt.

Now cancer has been attributed to almost everything in the vegetable kingdom from tomatoes to peanuts, salted or unsalted, but this venture into the mineral kingdom is a departure that must jar the credulity of western men who have had opportunity to observe the effect of excessive salt food diet upon our hardy Colorado miners, among whom cancer is almost unknown.

Evidently Dr. Braithwaite has another guess coming, for as a matter of fact that is all his article on the salt theory of cancer amounts to. And so it will be found with nearly all of these mushroom theories of modern times—mere sentiment and imagination, dealt out to impress the public mind, and possessing not even a modicum of scientific accuracy.

VACCINE.

The recent bad results from vaccination at Camden, Atlantic City, Egg Harbor, Glen Loch, Giradville, St. John's Cleveland, Merchantville and other places are certainly producing quite a stir in both vaccination and anti-vaccination circles. Some blame the results upon the use of vaccine manufactured from pulp or pus lymph. Others blame the result upon conditions telluric, but we have not seen any suggestion that the results are due to a method which is crude, unscientific and not up to date. As a boy we remember reading about the first roast pig in China, due to the accidental burning down of the building containing the pig, and how after this

when roast pig was desired they burned the building down to roast the pig. Have we, in our vaccination craze, advanced any faster than the "heathen Chinee?" Jenner inocculated, so we rub it into the arm and the results that follow are often fatal. Some cranks have used vaccine potentized (no need to look at the homœopathic pharmacopeia, it is not there). And its results are as favorable as those of vaccine poisoning and are never accompanied by fatal erysipelas, tetanus or other vile complaint. We believe in protection via scientific Hahnemann style—not inoculation via crude Camden and St. Louis methods. E. J. C.

THE COLORADO HOMEOPATHIC SOCIETY.

The administrative council have changed the next session from Pueblo, May, 1902, to Pueblo, September, 1902. This will bring the session during the time of the Pueblo state fair and will insure a low rate of fare to and from Pueblo. The local Pueblo committee will arrange for visits to the State Insane Asylum, the Pueblo Consumptives' Sanitarium, the iron works and the state fair. Receptions and other social functions will be provided for both the lady guests and the doctor. Bureau chairmen are now reporting upon the work of their bureaus, and the indications are for a profitable as well as a pleasant meeting. EDWIN JAY CLARK, Secretary.

OBITUARY—DR. FRANCIS EDMUND BOERICKE.

Dr. Francis Edmund Boericke, a prominent homœopathic pharmacist, died on Tuesday at his residence at 6386 Drexel road, Overbrook, aged 75 years. He had been an invalid for the last fifteen years.

Born in Glauchan, Saxony, in 1826, Francis Edmund Boericke came to this country during the revolution of 1848 and made his home in this city. His father was a prominent manufacturer and exporter of woolen goods in Glauchan.

Soon after his arrival here the young man obtained a position as bookkeeper with Plata, at Fourth and Chestnut streets, a well-known dry goods merchant and the Saxon consul. Following this he became a partner in Andre's music store in Chestnut street. In 1852 he joined the Church of the New Jerusalem, and opened a store where religious books were sold in Sixth street, below Chestnut. A year later he was induced by Dr. Constantine Hering to turn his attention to the preparation of homœopathic medicines, and by his proficiency and industry soon gained the confidence of leading homœopathists in the country. In 1854 he married Miss Eliza Tafel, and in 1869 associated with himself in the pharmacy business as a partner Adolph Tafel, his brother-in-law, who had retired from the Civil war with the rank of major.

Dr. Boericke was graduated from the Hahnemann College in 1863. He received a scholarship and delivered lectures on pharmacy for some time. In 1863 he added to his business an establishment for publishing homœopathic works, and soon enlarged his trade by establishing branches throughout the country. In 1895 Major Tafel died, and after that the firm consisted of Dr. F. A. Boericke and Adolph L. Tafel, sons of the original partners.

Dr. Boericke is survived by his widow and nine children.

One form of commercial medical college is that in which the stimulus is not to make money directly by the fees of the students, and the sale of diplomas, but by the fees of the professors gained in consultation practice. The poorer the medical ability of the graduate the more surely he seeks help from his professor. Thus the practices of old, capable and honorable physicians are "squeezed" out of existence by the "brilliant" young ignorant "professor," who grabs the conditionless prize which the better man could not bring himself to accept. Sometimes one or two cunning sharpers may own the college, and use their ambitious young professors as catspaws to draw the chestnuts of tuition fees from the fire, while the "consultant" is establishing his agents through the community whereby in his own way he shall soon get his reward. It is a

combination of two greeds to cheat the profession and the community. Thus is the evil increased which we should be busy in lessening. The title, Professor, is meaningless, and is fast becoming worthy of anything but honor. In all such cases one will find, upon careful observation, that the published "requirements for admission" are shams, and that in fact no such requirements are required. Are you a professor in a commercial medical college? is a question the profession should sternly put to a thousand medical men in our country.—Editorial in American Medicine.

This doubtless appeals strongly to the "professor" who pays fifty per cent. of the amount collected from parties drummed up by students.—Ed.

INERTNESS OF PETROLEUM COMPOUNDS WHEN GIVEN MEDICALLY.

Reyburn, in writing in the Medical News of August 24, 1901, says that in his experience petrolatum, when given internally, passed unchanged through the intestinal canal. Whatever beneficial effects it may exert in the stomach and intestine are due to its lubricating and demulcent properties. A further incidental proof of the non-absorbability of paraffin and its compounds is shown by recent experience in its attempted use in surgery. After certain surgical operations which involve great destruction of tissue, great gaps are left in certain parts of the body after the wound has healed. This is especially the case after the extensive mutilations which are necessary for the removal of cancers and other malignant tumors. It has been suggested that the appearance of these parts could be greatly improved by injecting paraffin in a melted state under the skin in order to prevent the adhesion of the skin flaps to the subjacent tissues and thus diminish the deformity. This has been done successfully in a number of cases, but unfortunately it was found that dangerous and even fatal results were produced by the paraffin wandering from the point where it was injected and closing up the lymph channels of the part. A reference to this danger will be found in the Medical News of April 20, 1901, page 624.

Finally, therefore, if we consider (1) the entire insolubility of petrolatum and its compounds in either the gastric juice or the fluid of the intestinal canal, and (2) the fact that when petrolatum is given internally the whole of it can be recovered from the feces, we are warranted in stating that petrolatum can in no sense be considered a substitute for cod-liver oil as a nutrient and restorative, and (3) that the usefulness of petrolatum as a remedy must depend upon its unirritating and demulcent properties.

CARBOLIC ACID GANGRENE.

Some months ago we published an editorial in the Therapeutic Gazette upon this subject and accompanied it by an illustration taken from the American Journal of the Medical Sciences showing extensive gangrenous change in the fingers produced by wrapping them up in weak solutions of carbolic acid. Since that time our attention has been called to this accident a number of times, and while cases of this kind are not commonly reported, we find two such recorded in the Munchener Medicinische Wochenschrift of August 6, 1901. In the first instance a man of twenty-four years received a small injury to a finger of the right hand. As the injury was very slight, the finger was simply bound up in carbolized water. Two days later, when the dressing was removed, the part was mummified. There was a distinct line of demarcation of the first joint, but beyond this there was not any degenerating change. In the second case a man of twenty-five injured the second finger on his left hand, and it was also wrapped up in a weak solution of carbolic acid. On the second morning a similar line of demarcation to that noted in the first case developed, yet the strength of the solution in both cases was not over two per cent. Fischer, who reports these cases, is evidently not familiar with the cases which we mentioned in the editorial to which we have referred. It will be remembered that in this editorial we pointed out the fact that while weak solutions of carbolic acid applied to wounds upon the surface of the body rarely cause untoward effects, it was by no means

uncommon for weak solutions of carbolic acid applied to the fingers or toes to so interfere with circulation as to cause gangrenous change, and that this accident occurs with sufficient frequency to make this popular form of dressing not only a dangerous one, but one which is to be carefully avoided if suits for malpractice are not wished for.

THE SPLEEN IN LITERATURE.

Formerly the spleen was thought to be the seat of the affections and numerous are the references to this idea in literature. Even to this day we hear about persons being "spleeny," "venting their spleen," etc.

Shakespeare said:

"For though I am not splenetive and rash,
Yet have I in me something dangerous."
—Hamlet, Act 5, Sec. 1.

Tennyson wrote:

"Then rode Geraint a little spleenful yet,
Across the bridge that spanned the dry ravine."
—Enid, St. 11.

Addison in Spectator:

"In all thy humors, whether grave or mellow,
Thou'rt such a touchy, testy, pleasant fellow;
Hast so much wit and mirth and spleen about thee,
There is no living with thee, nor without thee."

And Keats in his Endymion, b'k 4, st. 25, said:

"The youth * * * felt himself in spleen to tame the other's forgiveness."

W. A. BURR, M. D.

WHAT SOME DOCTORS DO.

There are doctors who diagnose every case of sore throat as diphtheria; thus scaring the patient and relatives into hysterics. The doctor may do this through ignorance, but it is more likely he does it to cover himself with glory by appearing to save the patient from a very dangerous ailment when little or nothing is the matter. Such a doctor ought to be skinned.

There are doctors who diagnose every case of slight bronchial trouble as pneumonia. Then the word goes out that doctor "so-and-so" has a very desperate case of pneumonia to treat. The patient and friends are duly frightened, but the doctor "brings his patient through all right" with great credit to himself. This doctor is flimflamming his customers, and deserves to be ridden out of town on a rail.—Ex.

NOTES AND PERSONALS.

Dr. J. H. Morrow spent the holidays in southern Texas. While in Houston he called on Drs. Smallwood, Blake, Gross and Uncapher, who are the only homeopathic physicians in the city. Also visited Galveston, which does not seem to be building up again to any extent after the flood. From Galveston went to Beaumont and the oil fields, where there are 134 gushers on spindle top heights, which is composed of 250 acres, and lays at an altitude of seven feet above the surrounding level land. Called upon Dr. Sutton, who has lived at Beaumont for twenty years and is the leading physician of that place.

Dr. C. W. Judkins spent a few days in Denver the first of the month. The doctor, who is vice president of Colorado Homeopathic Society, is doing good work for the coming session in Pueblo.

Miss Thurston, for a long time head nurse at the Homeopathic Hospital, has resigned.

The Critique will present many new changes for the year 1902, which will be appreciated by both its readers and advertisers. We desire to call attention to the character of its advertisers. Most of the 1901 advertisers have renewed their contracts for 1902, and many new ones appear in this issue. We wish all our patrons a prosperous New Year.

Dr. P. P. Collins, late of West Cliff, Colorado, has moved to Grand Junction and taken the business of Dr. Capps. The Critique wishes the doctor success in his new field.

Miss Prudence McKinley, a graduate of the Cleveland Homeopathic Hospital, who is considered one of the best nurses in the city, was appointed head nurse at the Homeopathic Hospital. She sent in her resignation at the end of a week.

The Critique is informed on trustworthy authority that one of the staff of the homeopathic college had a notice posted at the postoffice to the effect that the mail carriers and their families would be treated for one dollar a month per family. This goes Dr. L. E. Lemen in his treatment of the smelter employes several better, as in the former case the doctor includes the family. With such a precedent it must be right. It is a cheap thing.

Miss C. L. Tanquary, a graduate of the Illinois Training School, who for the last two years has filled the position as superintendent of of hospital and training school at the Cushing Hospital of Leaven-

worth, Kansas, has been appointed head nurse at the Homeopathic Hospital. She found conditions somewhat chaotic on assuming control, owing to the many changes that have taken place. Miss Tanquary impresses one with the idea that she understands her business, and from the letters of recommendation she possesses, we believe she is the right person for the place. We hope she may be allowed to manage the nursing and training of nurses without interference; for the good of the nurses, patients and the institution. Since writing the above, we understand she has resigned.

There is a movement on foot among a few physicians and prominent men and women to establish an emergency hospital in Denver. There is certainly much need of just such an institution. Establish and run it free from interference of doctor management; as regards control, eliminate college clinics; give the patients a show; infuse business methods, and homelike surroundings into it; with a superintendent who shall have control, backed up by a non-medical men's board; and abundant success will crown their efforts.

Dr. W. Capps has moved from Grand Junction, Colorado, to Los Angeles, California, where he will make a specialty of nervous diseases and gynecology. The doctor while in Grand Junction was county physician for three years, and city physician one year. Dr. Capps owns several peach orchards in Colorado, and leaves many friends behind. We bespeak success to him in his new field of labor. We expect to present the readers of the Critique with an article from his pen before long.

Dr. Mary Gill Hunter of Grand Junction, we are pleased to note, enjoys a very lucrative practice at that flourishing place.

The latest, Dr. Novy's "Benzozone," don't do the easy task of curing consumption, but will revolutionize the world of sickness, and does away with all such diseases as Asiatic cholera, typhoid fever, dysentery, etc. Benzozone is an absolute intestinal disinfectant and antiseptic.

The Critique learned of the sad death of Ernest Wheeler, son of Dr. B. A. Wheeler, by an explosion which took place in the Newhouse tunnel at Idaho Springs, Colorado. The Critique wishes to express its sympathy to Dr. Wheeler and family in their loss.

Dr. Giles P. Howard, formerly of Halstead, Kansas, and a graduate of Chicago Homeopathic College, 1888, has located at 1807 South Pearl street, Denver.

Have you "Outdoor Life" upon your list of journals for 1902? If not, take the word of the Critique that you are missing a real treat. It is the sportsman ideal magazine, replete with everything that per-

tains to the gun, rod or trap. The stories and illustrations are so life like that it produces monthly "buck fever" of delight to its readers. The young read and look forward to the time they can go forth and enjoy the sports depicted in its columns. It is equal to the salt treatment on the old, it renews and prolongs life. If you wish to enjoy the chase over again and spend a happy evening once a month, subscribe for the "Outdoor Life," and the same is assured. We can't keep house without it.

Dr. Hartman, president of the Hartman Sanitarium, says the best doctor is the one who gives the least medicine and the best surgeon is the one who rarely finds it necessary to cut.—Medical Talk.

Dog-liver oil comes to the front as the latest cure for consumption. One advantage about this is that as dogs will be easier and cheaper to get than codfish, the oil will be much less expensive. This latest consumption cure—or rather one of the latest, for new ones are cropping up daily—hails, according to a transatlantic contemporary, from one of the interior cities of America, and, as described, it does not seem an attractive one. It is stated that the gentleman who has the contract for the removal of dead animals from the streets has found that an oil prepared from the hearts and livers of the dogs is a sovereign cure, and a number of cases are named where wonderful results are said to have followed its use. All other seekers for a cure are said to be wasting their time now that the virtues of the extract from the hearts and livers of deceased canines have been discovered; thus, dog-liver oil is to be the oil of the future. The association in the account are not exactly such as to make the preparation particularly appetizing, but what does that matter, with an infallible cure for such a disease? It finds a utility in even a dead dog, which has heretofore been the very superlative expression of worthlessness.—Health.

Mr. B. N. Himebaugh, the proprietor of the Spaulding House at Colorado Springs, made The Critique a call, and being an old classmate of Dr. J. Wylie Anderson at Marietta College, a pleasant time was spent talking over old times. We understand that there are quite a number of the alumni of old Marietta College residing in the state. The Critique would be pleased to have them call when in the city.

Within every man's thought is a higher thought—within the character he exhibits to-day, a higher character.—Emerson.

Dr. S. S. Smythe spent a few days in Pueblo the first of the month. He states that business of all kinds is in a flourishing condition at the Pittsburg of the West.

The City Hospital of Baltimore has published a report of 209 cases of rabies treated by Pasteur's method with only one fatality.

At a meeting of the Homeopathic Medical Society of the State of Pennsylvania, held in Pittsburg in September, City Recorder A. M. Brown in his address of welcome said: "Pittsburg is a healthful city. Many of the oldest residents claim that the smoke, which overhangs the city like a pall, is healthful; they believe that it is a cure for rheumatism."

The late Susan Miln of New York at her death left $20,000 to endow four beds in the New York Medical College and Hospital. She also provided in her will that one-sixth of the residue of her property after certain specific bequests be given to the same institution.

After-Effects of Vaccination.—A well known Philadelphia homœopathic physician, Dr. Allen of Frankford, who has been in practice over thirty years told us that in his experience every child that died of diphtheria had been vaccinated, while he could not recall a case of an unvaccinated child dying of that disease, and when attacked they always had it in the mildest form. He had made a special study of this while charity physician in one of the districts of Philadelphia some years ago. Has any one else observed this?—Homeopathic Recorder.

BOOK REVIEWS.

A Text-Book of the Practice of Medicine. By A. C. Cowperthwaite, M. D., Ph. D., LL. D., Professor of Materia Medica and Therapeutics in the Chicago Homœopathic Medical College; formerly Professor of Materia Medica and Therapeutics in the Homœopathic Medical Department of the State Universities of Iowa and Michigan; ex-President of the American Institute of Homœopathy, etc. Including a section on Diseases of the Nervous System, by N. B. Delamater, A. M., M. D., Professor of Mental and Nervous Diseases in the Chicago Homœopathic Medical College, Chicago. Halsey Bros. Co. 1901.

It would be impossible to form a just estimate of the value of this excellent work from the superficial manner which we have employed in its perusal, but to those at all familiar with the writings of Dr. Cowperthwaite we have no hesitancy in saying that this recent contribution to homœopathic literature will prove a source of great pleasure and profit. There are so many good points in this production that one finds it difficult to enumerate any one in particular. It deals extensively with the history of disease—etiology, symptoms, physical signs, prognosis and diagnosis, and the therapeutic portion, under the heading of treatment, is very complete. One would hardly expect this to be otherwise as the author gives his readers the benefit of a successful practical experience of over a quarter of a century. We are glad that the author has departed from usual customs and given us the benefit of

the potency of the various drugs as used by him. It is not absolutely necessary that the old practitioner should take up with Dr. Cowperthwaite's idea of drug strength, but this feature will no doubt be of great value to the student in the practical application of remedies. Mechanically the book is a gem of the printer's art; its arrangement is perfect, and we believe the work will meet with a very cordial reception at the hands of the homœopathic profession in general, besides adding fresh literary laurels to the author's already well-earned popularity. Dr. Delamator's portion of the work is, no doubt, deserving of the many flattering comments made upon it. Price, cloth, $6.00; half-morocco, $7.00. J. W. M.

The Homeopathic Pharmacopeia of the United States. Second edition. Revised by the committee on pharmacopeia of the American Institute of Homœopathy, 1901. Published by the pharmacopeia committee of the American Institute of Homœopathy. Otis Clapp & Son, agents.

The first edition of this valuable work was issued in 1896 and so rapid was the sale, that in 1899 a new and revised edition was authorized and a committee appointed for that work. They have completed their work and the second edition is now before us. The Association of Homœopathic Pharmacists of the United States have stamped the work as authorized by giving it their unanimous approval. It is therefore authority on the identification, preparation and attenuation of most homœopathic remedies prescribed in the United States. Some changes have been made in nomenclature, and some in orthography, all steps towards simplification and the prevention of errors. Why some proven drugs have been omitted and some unproven ones admitted we know not. We miss the familiar name of a number of remedies. Of the three hundred and eighty-eight remedies in Allen's Handbook, thirty-one are omitted. Even two of Hawkes' selected one hundred and twenty-five do not appear, and one of the two we know to be of more than ordinary value. Cinnabaris, the red sulphide of mercury, is not mentioned, while the unproven black sulphide is given. China is now cinchona officinalis. Abrotanum is artemisia abrotanum. Our old familiar kreosotum is now creosotum and creasotum. All the nosodes are omitted, without regard to value. Oxytropis, our western contribution, is "locoed." All the odoriferous animal substances, like mephities and cimex lectularis are absent. Yet all told the work is a step in advance and should be in the library of every progressive physician. The list of medicines and their pronunciation is of very great value. How many physicians know what it is they are prescribing and its maximum dose? Did they know, we would not hear of unintentional poisoning of a child by the use of a dose in an attenuation proper only for an adult. Doctor, get posted. E. J. C.



HYDROZONE

(30 vol. preserved H_2O_2 solution.)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

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Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Glycozone."

Hydrozone is put up only in extra small, small, medium and large-size bottles bearing a red label, white letters, gold and blue border, with my signature.

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(SEVENTH REVISED EDITION,)

Will appear in due time. Send for descriptive circulars. Physicians who have moved since 1898 should notify the publishers promptly.

Polk's Medical Directory has been established 15 years. Do not be deceived by untried and unknown imitations.

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DETROIT, MICH.

THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal west of the Missouri River. Hence, it is the best medium through which to advertise.

I hereby inform you that I am well satisfied with Pepto-Mangan (Gude), which is well worthy of the first place among the many iron preparations, especially since it does not affect the teeth in any manner. DR. HOFMEISTER.

Custrin, August 14, 1901.

Birtman Static and X-Ray machines give satisfactory results. Fourteen years' experience should induce you to write for catalogue.

C. F. BIRTMAN CO., Chicago, Ill.

SHE WAS BEYOND HIM.

"It's no use; I can't do anything with that girl of mine."

"What is the matter now?"

"Why, I told her not to eat lemons with that medicine she is taking, because it would salivate her, and she just turned around and said: 'Wouldn't that make you spit?'"

Parke, Davis & Company's advertisement on the front cover page explains where and how to obtain the best quality of goods manufactured by any chemist. Quality always the first requisite. Read it.

An X-Ray outfit is a necessity for every physician and surgeon; but if you purchase, get the best, "The Sorensen." It is the most reliable static machine for first-class X-Ray work as well as for ozone inhalation and electric treatments.

GRAND RAPIDS X-RAY MFG. CO., Grand Rapids, Mich.

MERELY A TRANSFER.

Mother—Johnnie, your face is very clean; but how did you get such dirty hands? Johnnie—Washin' me face.—Tid-Bits.

If your patient fails to produce live blood, you can introduce it. Bovinine is the live, arterial blood of the healthy bullock antiseptically prepared. Use it in anemia, consumption, typhoid and catarrhal diseases. Read adv. on page 111.

Marach is used locally and possesses antiseptic and hygroscopic properties. Is indicated in all kinds of inflammation, sprains, bruises, boils, felons, pleurisy, pneumonia, bronchitis and congestions. Better applied warm, direct to the skin, and does not need changing from twelve to twenty-four hours. The ideal poultice without the inconveniencies.

PHARMACEUTICAL INSOMNIA.

Ipecac—What noise is that I hear? Pepsin—Oh, that is the peel of the lemon. Ipecac—I thought it was that Peruvian bark.

For those who decline to accept the aid of wine and who need something of a stimulant character to rouse the flagging powers of digestion, "Fellows' Syrup of Hypophosphites" offers special advantages.

"A personal test of two years, and the clinical testimony of scores of tubercular patients, have convinced me that your underwear is a positive boon to the tuberculous, and I state, with all sincerity, that it is my belief that if all such patients could afford the Deimel Linen-Mesh, there would be an end to "colds," which are the bane of the tuberculous, and the greatest hindrance to the early arrest of the disease. Very sincerely yours, J. FRANK M'CONNELL, M. D.

"Las Cruces, N. M., October 12, 1901."

The Dr. Deimel underwear of cleanly, absorbent linen-mesh is of invaluable aid to the physician in the treatment of any and all diseases.

There are various ways to modify milk, but if you want real modification, the best way, the easiest way, the way to make the nearest approach to mother's milk, is to modify with Mellin's Food; it truly modifies the casein of the milk and makes it more digestible. Samples and literature to physicians upon request.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

When in need of light and heat remember oil heating stoves, oil cooking stoves and lamps are to be had at the Continental Oil Company's store, corner Tremont and Fifteenth Streets.

G. W. Flavell & Bro. of 1005 Spring Garden Street, Philadelphia, Pennsylvania, manufacture all kinds of elastic trusses, abdominal supporters and elastic stockings. Goods sent by mail. Read advertisement on page XII.

Always remember that Frederick Steinhauer, 930 Fifteenth Street, carries a full line of Boericke & Tafel's homœopathic medicines.

ALL THE DETAILS.

Uncle Hiram—Gosh all haystacks, but this is a great story.

Aunt Samantha—Wurth readin', Hiram?

"By Gum! I should say so; it tells th' medicine what cured th' heroine, the price fer a bottle an' th' place whar to git it at!"

THE CRITIQUE.

VOL. IX. DENVER, COLO., FEBRUARY 15, 1902. NO. 2

THEORY AND PRACTICE.

CONDUCTED BY DR. W. A. BURR OF THE DENVER HOMEOPATHIC COLLEGE.

Appendicitis—Case II.

A girl twelve and a half years old was treated by a pseudo doctor for pains in the right iliac region. Supposing the pains were menstrual, he gave emmenagogues and relieved the pain with hypodermic injections of morphine. At the end of four days I was asked to take the case.

A careful examination showed it to be a plain case of appendicitis. The temperature ranged from 100 to 105, and the pulse was rapid, with paroxysmal pains so severe as to make her cry out. Stools were frequent, six or eight a day, attended with the escape of much gas. The iliac region was swollen and very sensitive to pressure.

The third day I was in attendance a conservative surgeon was called in counsel, who confirmed my diagnosis. He also approved the treatment, and advised that it be continued, and that no operation be made. The treatment had been: Hot external applications, with the use of belladonna, bryonia, or rhus, as indicated, internally, and copious hot water injections whenever the pains came on, which was so frequent at night that the patient slept little. The belladonna was potent in relieving the pains, which always set in suddenly, and at the height of the disease were most excruciating. The diet was restricted to milk and mutton broth.

Three months after the patient was discharged, she had become seemingly well and has remained so, with no sign of a recurrence of the disease. B.

High Potency Cures.

Dr. Edward J. Burch of Carthage, Missouri, reports in the Clinique the following high potency cures: Laryngitis with phosphorus, 30^{x}; intermittent fever with eupatorium perfoliatum, 30^{x}; and a case of chronic sore throat, where there was "an awful sense of smothering," with lachesis c c.

Physicians—Not Criminals.

Dr. DeWitt G. Wilcox of Buffalo, New York, read a paper on "Sterility of American Women," before the New York State Homeopathic Medical Society in September, 1901. In speaking of the medicine prescribed to produce abortion, the author quotes this paragraph:

In an editorial of the "Journal of the American Medical Association," there appears these words: "If the remedies are harmless and will not accomplish the results covertly claimed for them, then they are frauds and humbugs of the most villainous kind. On the other hand, if they are efficacious in the manner intended, then their sale and use is criminal, and the newspaper that admits such advertisements is a participant in the crime. The editor can take whichever end of the horn he chooses; in advertising such remedies he is either selling his space to humbug people or is allowing the space to be used for criminal purposes. He cannot plead ignorance. When certain pills are advertised as 'monthly regulators; safe and sure; never fails;' and when the advertiser says: 'Send for woman's safeguard,' there is no doubt as to what is meant. The editorial apology is pitifully weak, not to call it anything worse. 'Money talks' altogether too much with the advertising department of the daily press, and morality and even common decency must take a second place."

Dr. Wilcox furthermore takes most radical ground against the medical adviser imparting any knowledge as to how to prevent conception, to his patients. He says:

Passing to the subject of preventing conception, there is much to be said, and I fear some censure is due the medical

man for a dissemination of this knowledge. There appears at the present time no hesitancy whatsoever on the part of the husband or wife in going to the family doctor, immediately after marriage, or in some instances before, and telling him very plausibly that they are not in a situation to have children; that there are physical, financial or social reasons why they particularly should be exempt, and that, as their medical advisor, he should inform them how to live together and escape the duty of having children. The physician who is induced or who voluntarily imparts such knowledge, when there is no good and sufficient reason for the parties to escape their rightful burden, not alone commits a moral wrong, but he is an enemy to his country and society at large.

The author's position, as correct as it is radical, it is to be hoped will arouse the consciences of any guilty practitioners. No reputable physician will willingly commit a "moral wrong," neither will he consent to be "an enemy to his country and society at large." B.

A Hopeful Sign.

The tendency of both homeopathic physicians and homeopathic surgeons to emphasize the importance of adhering closely to homeopathy in all their work, is a most hopeful sign. Most of the leading surgeons of the new school, as well as those engaged in general practice, acknowledge that they succeed best when they are loyal to homeopathy.

Dr. Sarah J. Millsop of Bowling Green, Kentucky, in her paper, "Only Thing Needed by the Homeopathic School," published in the Jubilee number of the North American Journal of Homeopathy, enlarges on this subject. Here is a specimen of her paragraphs:

That the craze for doing any and every kind of an operation, whether needed or not, which swept the country like an epidemic, has produced a natural reaction is evident. The laity are becoming seriously alarmed at the many deaths of seemingly robust persons while upon the operating table, or within a few days afterward, and are demanding curative

treatment by less heroic measures. One deplorable effect of the needless cutting, or the needed operation often made by incompetent surgeons, will be the greater difficulty we shall encounter in inducing our patrons to submit to the surgeon's knife in cases where nothing else will prolong or save life.

Notwithstanding my contention is that homeopathic remedies are capable of producing more curative results than all other measures combined, yet all concede that there will always be necessary work for the skilled surgeon to do. B.

Diphtheria antitoxin in divided doses, 100 units every hour until the membrane begins to curl, has proven uniformly successful in the hands of one of our friends. (The lazy practitioner will not take this trouble, of course.) Why give more medicine than necessary? The old school have learned from us the value of the divided dose and—in other things—do not give as large doses as they used to.

Wood alcohol is said to have the peculiar property of causing blindness and should be used with great caution.—North American Journal of Homeopathy.

Infection From Thermometers.

How far is there ground for fear of the transmission of contagious diseases by means of thermometers? M. Rosenberger made up his mind to ascertain this point, and with that view undertook a series of experiments. Having poured into a receptacle of sterilized glass half the contents of a test-tube filled with some nutritive substance, such as liquefied isinglass, he brushed with it each thermometer to be tested, using a small glass brush previously passed through the flame of a Bunsen burner, taking care to hold the instrument above the receptacle. He then bathed the thermometers for some minutes in the remainder of the liquid, and afterward emptied

the test portion into the receptacle. In eight cases the thermometers had been used before the experiment to take the buccal temperature of patients suffering from broncho-pneumonia, diphtheria, tuberculosis, rheumatism or puerperal fever. In nineteen other cases the temperature had been taken under the armpits.

The two series of experiments were directed to those instruments which had not been disinfected after being used. As a counter-test he set up a third category of experiments, in which, after having withdrawn the thermometer from the mouth of a patient, it was washed in water and then plunged for two minutes in a solution of bichloride of mercury, dried and replaced in its case, in order that it might be tested from one to three hours later.

In the eight cases in which care had been taken to disinfect the thermometers, not a single microbian colony was obtained, whereas the twenty-seven other experiments, which consisted in subjecting the instruments to the same trial without previously submitting them to the action of an antiseptic, all gave positive results.—Medical Counselor.

In speaking of the treatment of appendicitis the author claims to have had many cases and never yet required the services of a surgeon, though not prejudiced against surgery. We are pleased to see so eminent authority stand out against the popular desire to mutilate the body just because in a fair number of cases it can be done safely. Belladon. Bry. and Merc. Sol. are a trio that the knife will find hard to beat. Antitoxin, the author considers as a direct antidote to the diphtheretic poison and an adjunct to and not a substitute for the hmeopathic remedies.—Medical Counselor, review of A. C. Cowperthwaite's new work on Theory and Practice. B.

NEW YORK ISOLATES CONSUMPTIVES.

New York, Feb. 1.—Recognizing in tuberculosis an infectious disease, the physicians of New York are demanding the

isolation of consumptives for the protection of the public and to the end that the sufferers may receive better treatment and have every possible chance of recovery.

The first step in this direction was made by the removal of thirty consumptives from Bellevue hospital to a new pavilion of Metropolitan hospital on Blackwell's island. Further transfers will be made to the island when the weather becomes more favorable.

The above, taken from a Denver daily, shows the tendency of the times to isolate tuberculosis patients, something as is already done in cases of smallpox. Sanitarians and health officers are right in the determination to protect the public, but it will be a long time before the people will consent to have tuberculosis put in the same category with smallpox, and persons infected with it treated accordingly. There is a vast difference between such diseases as smallpox, leprosy and the bubonic plague and the so-called "white man's plague," tuberculosis. In protecting the public from these scourges let due consideration also be given to the poor unfortunates themselves. B.

THE TRUE TUBERCULOSIS HEREDITAMENT.

The congress, although disposing summarily and with unanimity of the question of heredity, denying that there was any such thing as inheriting consumption, or other tubercle bacilli, did not, as it seems to us, lay sufficient stress—since this was a semi-popular and not actually a scientific congress—on the undoubted fact that illy-nourished tuberculous subjects necessarily propagate their kind, except, if we please, as to the presence of tubercle bacilli in their organisms. This, after all, does not differ so materially from the propagation of tuberculous subjects, for such children soon succumb to the same influences as those which made their fathers and mothers consumptives. The distinction between inheriting the specific disease tuberculosis and a poor, feeble body, which cannot successfully enter upon the life-long contest that a human being from the cradle to the grave wages with the various bacilli which are now considered the origin of all disease, is obviously a fine one. The best way of avoiding tuberculosis is to keep in good health.—Postgraduate.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROFESSOR OF OPTHALMOLOGY AND OTOLOGY IN THE DENVER HOMEOPATHIC COLEGE.

THE DUTY OF THE OCULIST TO THE OPTICIAN.

About three years ago the writer presented to this journal an article entitled the "Oculist Versus the Optician," which dealt with the lack of preparation, on the part of the psuedo-optician, to refract eyes, even though he possessed one or more of the many degrees so often displayed in the windows or the stores of these so-called opticians. It was shown by a careful investigation of the various colleges then existing that the time required to obtain a degree of Ref. D. (Doctor of Refraction), Graduate Optician, Doctor of Optics, etc., etc., varied from two to six weeks, and that the degree could be had, in many instances, by taking a correspondence course, during which time the applicant for the degree need not leave his place of business, and at the end of which he would receive a diploma that could not be distinguished from one obtained through attendance at the school. The attempt to deceive the public was and is so palpable that he who runs may read. In many instances the man of degree is one who is not fitted by previous education or occupation to understand the first principles involved in optics, nor in placing glasses before the eye as they should be. In the article before mentioned it was shown that while the optician obtains his degree in from two to six weeks, without any previous training or fitness for the work, it takes the oculist, who must first show a good education, four years to obtain the degree of M. D. which serves only as a foundation upon which to build his specialty.

These pseudo-opticians are fakirs pure and simple, and live only because their true character is not recognized by their victims. They are neither oculists nor opticians, they are not even hybrids. They are simply parasites, the extermination of which is the duty of both oculist and optician, and

which will be greatly hastened by the proper education of the masses.

It is, however, of another class that I would speak. The legitimate optician, who has carefully fitted himself by years of apprenticeship, in a well-appointed establishment, to do the mechanical work of grinding lenses according to prescription, of adjusting frames to the face so that the lens may be held at just the right place and angle and in just the right manner to give the patient the greatest good with the least discomfort, and the least disfigurement, and thus carrying into effect the prescription of the oculist. To do these things in an artistic and scientific manner means to have an artistic eye and a deft hand in the working of metals that few mechanics attain after long experience and none without much pains. To appreciate this statement one needs but to observe, with a careful eye, glasses as they come from various artisans of claimed experience. The critical oculist knows full well the difficulty he finds in having his lenses placed and held as he wants them. To obtain this deftness of manipulation and judgment requires, in the trade, an apprenticeship of four years, when much remains to be learned from subsequent experience. This training may make a good optician—without it no one deserves to be called an optician—but it does not make a refractionist, any more than the study and practice of pharmacy makes a physician of a druggist. A man may, by allotting the required time to each, become both a pharmacist and a physician, but the study of either alone does not make him proficient in the other. If the correction of refractive errors had to do alone with mechanics it would be a plausible proposition for the skilled optician—never for the pseudo-optician—to take the work, but for the proper estimate of refractive errors and their correction one must be familiar with the anatomy of the eye, its muscles and nervous mechanism, as well as with its physiology and pathology, with the mutual relationships and sympathies existing between the eye and other organs and systems of the body—information which it is impossible for the skilled optician to comprehend and apply, as it would be for the average mechanic to make a Howard watch or for the oculist, who has had no training for it, to

fit frames to the face. This brings me directly to the point I would make. The oculist and the optician each has his legitimate field in which he is prepared to do the best work for his patrons, and it is as much the duty of the oculist to send his patient to a competent optician to have the mechanical work done rightly as it is the duty of the optician to send his patrons to the oculist for refracting. No oculist who fills his own prescriptions either at his office or in some optical store where he divides the profits with tradesmen, has any legitimate cause for complaint against the refracting optician, as when he so far forgets himself as to place himself on a level with the tradesman in dealing with his patients he may be sure the tradesman will not feel it encumbent upon himself to uphold the dignity of the medical profession. It is to the oculist, by virtue of his professional education, that we should look for that which is best and noblest, to him do we look for fair dealing with his patients. Does the dispensing oculist tell his patients of his commercialism in furnishing the glasses? Is it a legitimate part of the profession? It may be answered that conditions are such that the oculist is forced to either furnish the glasses or send his patient to a refracting optician whose educational efforts are in opposition to the oculist and his work. It is unfortunately true that the vast majority of skilled opticians belong to this class, but I doubt whether there is any city of 100,000 or more population that does not have one or more competent and skilled opticians who are satisfied with their legitimate work. If such city exist, the united support of its better oculists could easily secure and maintain a competent dispensing optician. It, therefore, behooves the oculists, who stand for the best in their profession, to encourage such artisans and thus do their part toward the proper education of the masses.

It not only is the right thing from a moral point of view, but it is the best thing from a business standpoint. The latter, while not the point I would most emphasize, may appeal to the profit-sharing and to the dispensing oculist.

To the first I will propose two questions:

First—We will suppose two oculists having their prescriptions filled by the same optician, the one asking a share

of the optician's profit, the other not, which will the optician, from a business view, recommend when he has occasion to refer a patient to an oculist?

Second—What object has the dispensing optician in refracting when he can make the same profit and be relieved of much responsibility by sending his patron to an oculist?

To the dispensing oculist:

First—What optician is interested in sending you any work, or, what is more important, in holding your patrons in line while doing their repair work?

Second—Whom do you suppose obtains the greater revenue, the oculist for his professional fees from patients recommended by the dispensing optician, or the optician from the profits on prescriptions filled upon recommendation of the oculist? These questions are worth your careful investigation.

And now one question of the general physician: Other things being equal, which of two specialists would you expect to treat you and your patient most acceptably, the one who deals with him professionally, or the one who adds commercialism sub rosa?

That honesty is the best policy may not be new, but I believe it true in the question under consideration, whether viewed from a professional or from a business standpoint.

D. A. S.

Dr. Givens' Sanitarium (Stamford Hall) at Stamford, Connecticut, is devoted to the special care and treatment of mild mental diseases—neuroses—general invalidism, and has a separate department for patients addicted to the use of drugs and stimulants. It is open all the year; is arranged on the cottage plan and located on a hill overlooking the city of Stamford and Long Island Sound. Comfortable, homelike surroundings, combined with the individual treatment each patient requires. The sanitarium is fifty minutes from New York—on the New York, New Haven and Hudson River Railroad.

The Wife—Doctor, can you do anything for my husband? Doctor—What seems to be the matter? "Worrying about money." "Oh, I can relieve him of that all right.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

Gastric Ulcer and Gall-Bladder Disease.

BY DR. A. HESSE.—(ARCHIV. FUER. VERDAUUNGS-KRANKHEITEN.)

The author discusses the difficulties frequently encountered in making a diagnosis between gall stones and ulcer of the stomach. He maintains that in a considerable number of cases it is entirely impossible to differentiate between these two conditions. Characteristic symptoms are frequently entirely wanting, or, if present in one, the attack may be modified, to such an extent at the next that the symptoms become exceedingly puzzling. In illustration he cites two cases. The first was that of a woman aged thirty years who gave a history of a slight attack of jaundice when a young girl. She grew up to maturity and married. After the birth of a second child, gastric disturbances began. This consisted of irregular attacks of pain, anorexia and the evidence of indigestion. Subsequently this was associated with chilly sensations, pains in the back, diarrhœa, nausea and vomiting. There was no evidence at any time of hemorrhage from the stomach, nor had she been attacked with icterus since childhood. There appeared to be slight dilation of the stomach, and upon pressure there were several tender points over the pyloric end of the stomach. A small tumor could be detected under the right rectus muscle over the pylorus. A diagnosis of probable stenosis of the pyloric orifice due to gastric ulcer was made, and upon making an exploratory incision it was found to be so. In the second case, the patient had been troubled for some years with indigestion, nausea, vomiting and chilly sensations at times. These were frequently associated with sudden attacks of violent pains in the region of the stomach. There was a history of icterus, but this symptom was never well marked. The violent pain usually attacked the patient about the

middle of the night, which was suggestive of gall stones. Like the previous case there was tenderness upon pressure in the pylorus and several tender points. A test meal showed practically a normal amount of gastric juice. The diagnosis in this case was cholelithiasis and its complications. Other physicians were in favor of considering the case one of gastric ulcer. An operation confirmed the diagnosis of gall stones. Here are two cases running almost parallel symptoms throughout, yet they are entirely different.—Post Graduate.

On Ruptures of the Liver.

BY DR. B. K. FINKELSTEIN.—(VRATCH. NOVEMBER 3, 1901.)

The author reports four cases of rupture of the liver that came under his observation. They were, however, not complicated by other traumatic lesions of any of the other abdominal viscera. In all cases laparotomy was performed, and three of the patients were saved. The fourth case was serious from the beginning, and there was little hope of saving the patient's life. The author goes on to state that not all wounds or ruptures of the liver demand operative interference. Small lacerations and tears are accompanied by light effusion of blood or bile, and may become absorbed, or later develop into an abscess. Netchaeff records three cases where there was laceration with effusion of blood and serum accumulated underneath the diaphragm. The principal immediate danger in such lacerations is the amount of hemorrhage that takes place. Rest in the recumbent position with the application of ice are the remedies offered if it be decided not to operate immediately. Should the laceration take place on the lower or outer surface of the liver and hemorrhage take place within the general abdominal cavity, it becomes urgent to operate without delay. Shock should not be considered a contra-indication to such a proceeding. The author collected thirty-six cases from literature, and finds that twenty-one recovered.

The point aimed at in operation is to secure the bleeding vessels, wash out or otherwise remove any clots and bile that may be present, and then to so drain that the bile may be safely guided out of the wound that no risk may follow. Tamponing appears to be the best means for drainage. In the twenty-one cases that recovered from operation, in only three was it found necessary to suture liver substance, fourteen were tamponed, and in one the hemorrhage was arrested by the application of hot water and pressure. The author recommends that the tampon be used in all cases of rupture of the liver, for although the hemorrhage may appear to be checked at the time of operation it may re-appear after the operation is over and the abdominal wound is closed. The Paquelin cautery he does not recommend, for the reason that there may be sloughs follow, and a risk of hemorrhage from this source.

Nine Cases of Abdominal Surgery Operated Under Spinal Cocainization.

BY DR. HALLIONIZ.—(ARCH. ORIENTALES DE MED. ET DE CHIRURG. OCTOBER, 1901.)

One of these operations was a laparotomy for ovarian cyst in a young girl. Most of the other cases were operated for inguinal hernia (with omental exsection) and stone in the bladder in men. In all of the cases the anesthesia was satisfactory and the patients made good recoveries. The author believes that with the rules of Tuffier carefully carried out, this is the safest method of anesthesia in existence. In all of the cases there was a temporary elevation of temperature, which fell to the normal on the second day. Headache and slowing of the pulse was present in all and vomiting in six of the cases.

SUCCESSFUL PHOTOTHERAPY.

The recent award of Professor Finsen of Copenhagen of one of the magnificent Noble prizes (its value is over $50,000), established by the will of the great Danish manufacturer of dynamite, recalls the attention of the medical world to Finsen's successful researches in the domain of light therapeutics. It is fortunate, for in the multitude of claims on medical attention sometimes the realy good things are for a time at least crowded out of sight. Professor Finsen's work, accomplished with patient scientific carefulness, and modestly given to the medical world, with none of that blare of trumpets that has so often of late accompanied less deserving and successful effort, fully merits the reward and the renewed attention that will be given to it as a consequence.

Professor Finsen's researches into the effect of light on human beings began with the investigation of the influence of light in smallpox. Only parts of the body, as the face and hands, that are exposed to the action of light during the course of the disease, become disfiguringly pitted by smallpox. All the methods of treatment suggested for smallpox, before Finsen's investigations, that had any measure of success in the prevention of pitting, had this in common—they kept the hands and face of the patient more or less thoroughly protected from light. This was accomplished in various ways, mostly without any direct intention of light occlusion on the part of the inventors, but fulfilling this purpose unfailingly. Professor Finsen then protected a series of smallpox cases from the light, and showed that this method of treatment sufficed in practically every case in which it was begun sufficiently early in the disease to suppress the secondary suppurative stage of the disease, and consequently to prevent all danger of pitting. It is almost needless to say that it is the secondary fever of the smallpox which constitutes the most serious period of the disease. It is at this time that the vast majority of the deaths from the disease take place, and that consequently Professor Finsen's treatment, far from being only cosmetic in its effects, saves many lives and much suffering.

Finsen was thus encouraged to investigate further into the action of light upon the skin. He found that the harmful effects of light were all due to the rays from the violent end of the spectrum. The light rays that affect a photographic plate, some of them beyond the violet in the spectrum, and so producing no sensation of light for human vision, are also factors in the production of irritative skin conditions. For the successful treatment of smallpox cases it was only necessary, then, to exclude the violet and related rays of light by means of dark-red glass. This discovery has been confirmed by many observers, and especially in our present smallpox condition deserves more serious attention.

Finsen's researches were appreciated by his fellow countrymen better than is usually the case. He was enabled to continue his investigations into the possibilities of preventing the harmful action of light in disease, and using it as a direct therapeutic agent in the generous erection for him of a light institute in Copenhagen. He knew that light was a bactericide. His investigations in smallpox showed that the action of light penetrated well beneath the superficial layers of the skin. In variola the light injured the cutaneous cells more than it did the microbic cause of the disease, but it might well prove that in other diseases the bacteria would be destroyed without serious injury to the skin. Finsen tried the action of concentrated light upon lupus patients, and found that it produced a cutaneous reaction that was followed by the cicatrization of the lupus nodules. He continued his observations for several years, and convinced himself of the absolute certainty of his results before he gave his conclusions to the public. His communication was considered to be one of the most valuable practical contributions to dermatology in the last decade of the century.

Finsen experimented with the action of light in other diseases, but without as much success as in lupus vulgaris. Lupus erythematosus was sometimes favorably influenced by phototherapy, but sometimes it was not. If the disease is due, as is thought by many, to the toxin of tuberculosis in contradistinction to its congener lupus vulgaris, which is the result of the presence of tubercle bacilli, then the difference in the

effect of light on the two diseases would seem to point to a true parasiticidal action of light in the therapy of lupus vulgaris. This is confirmed by the fact that alopecia areata is always favorably influenced by exposure to concentrated light, for this disease is now very generally considered to be due to the presence of a parasite.

In recent investigations Professor Finsen has shown conclusively that light, apart from heat, is capable of producing effects in the skin that persists for long periods. Exposure of the arm for twenty minutes to the light of a 40,000-candle power electric light (the large arc used for lighting city parks and squares is, according to Professor Finsen, never more than 4,000-candle power) is followed by a severe inflammatory reaction, and then by pigmentation that persists for many months. Finsen's patient, modest, successful work deserves the reward that has come to him all unsought. The monetary part of it will doubtless be well employed in furthering the progress of phototherapy. He has gathered around him a band of younger workers who have caught some of his enthusiasm. A recent volume of the transactions of the Finsen Medicinski Lysinstitut (Medical Light Institute) gives promise that this new and encouraging branch of therapeutics will receive the due share of careful experimentation that will guarantee its timely development to the fullest possible extent.—Medical News.

HYPODERMIC AND SUBMUCOUS INJECTIONS OF PARAFFIN.

Moszkowicz (Wiener Klimische Wochenschrift, June 20, 1901), reports thirty cases in which purified paraffine was injected hypodermically in the clinic of Gersung, who originated the mthod of treatment. By mixing solid and liquid paraffines in certain proportions an ointment is obtained with a melting point of from 96.8 to 104 degrees F. This is sterilized by boiling, is drawn into a sterilized syringe while liquid, and injected after partially cooling, so that it issues from the needle as a

semi-solid thread. The melting point is of importance, because paraffines with a lower melting point are not sufficiently firm, and those with a higher require to be injected so hot that there is danger of producing thrombosis in the veins in the neighborhood. This probably occurred in the case reported by Pfammensteil, in which, after the injection of paraffine with a melting point of 113 degrees F. round the neck of the female bladder in order to reduce the size of the opening and cure incontinence of urine after resection of the urethra for carcinoma, there were symptoms of pulmonary embolism. In Gersung's clinic the injection of the paraffine with a lower melting point has never produced untoward symptoms. Sterilized paraffine is non-toxic, and produces no reaction when injected hypodermically. Unless it is injected in situations in which it is immediately exposed to pressure or violent muscular contractions, paraffine remains at the seat of injection, and eventually becomes encapsulated and of cartilaginous hardness. The newly formed connective tissue penetrates the mass and eventually encloses it in a sponge-like meshwork. It is probably never absorbed. Two years ago an artificial testicle was made by injecting paraffine into the scrotum after castration; it is now of stony hardness, but has not diminished in size. In cases in which much paraffine is injected, or in which the injection is made into unyielding tissues, Schleich's infiltration anesthesia should be employed. The injections have a wide range of usefulness. They were employed with success to remedy incontinence of urine in a woman after the removal of the sphincter viscæ and the whole of the urethra; to improve phonation after an operation for cleft palate (the injection was made behind the posterior wall of the pharynx, which was thus made to bulge forward until the short, soft palate could meet it and completely close the naso-pharyngeal passage); to cure incontinence of feces due to a fistula in ano; to narrow the inguinal rings in cases of hernia; and to remedy prolapse of the vagina. In the last named condition, however, the submucous projection caused by the paraffine is a contra-indication unless there is no chance of the occurrence of pregnancy. The injections also proved useful in certain deformities, and excellent results were obtained

in depression of the bridge of the nose, whether due to syphilis or injury, by filling the defect with a hypodermic injection of paraffine. After resection of the superior maxilla the sinking in of the cheek was removed or prevented by injecting paraffine. The amount of paraffine injected varied between a few cubic centimeters and sixty-five cubic centimeters. This large quantity was employed to raise the retracted skin and do away with the depression left after secetion of several ribs. Paraffine may also be injected into joints to prevent the articular surfaces coming into too intimate contact if ankylosis is feared, or between the ends of nerves, in which a piece has been resected for neuralgia, to prevent their growing together again. The method is simple and safe.—British Medical Journal, September 21, 1901.

DIABETES AND THE ADDICTION TO SWEETS.

Further study of a large number of cases of diabetes mellitus has strengthened the writer's belief in the opinion heretofore often expressed in various journal articles that in diet and regimen lies our chief hope of holding the disease or deterioration in check. Cures seem possible in the sense that the sugar in the urine can be reduced to less than one per cent. even when the patient is on an ordinary mixed diet, provided he avoid excess of articles actually containing glucose. It is difficult, however, to draw a sharp line between so-called glycosuria and diabetes mellitus. Cases originally called glycosuric may in time manifest all the phenomena of diabetes mellitus, and cases of polyuria polydipsia, and other diabetic phenomena may under treatment improve to such an extent that were their history unknown they would be pronounced merely glycosuric by those who cling to this term as distinctive. The writer, therefore, prefers to classify all patients in the urine of whom glucose can be found by Haines' sugar test into manageable and unmanageable cases. The manageable cases may be subdivided into cases more manageable and cases less manageable. Whether a case is at all manageable

can always be determined, so far as the writer's experience goes, by the use of the ferric chloride test, performed as described in articles heretofore published. For ordinary clinical purposes, if presence of drugs can be rigidly excluded, any diabetic urine which gives a wine-red color with a few drops of a twenty per cent. solution of ferric chloride indicates that the case is an unmanageable one. Inasmuch as in these days coal tar is king and nearly all patients pay tribute to this medical sovereign, it may be safer in doubtful cases to confirm the reaction by use of the test as performed by Lipliawsky. But the writer has seen only one case in which the usual clinical test was not sufficient for prognostic purposes. Thus far no error in prognosis based on the results of the ferric chloride test has been noted. The writer would be only too glad to report one had it occurred.

For the detection of sugar in the urine, Haines' test, as specified above, is recommended by the writer, for the reason that it appears to be more nicely balanced than any of the other clinical tests, i. e., is neither too crude nor too delicate. When eight drops of urine are added drop by drop to the boiling test liquid in quantity one fluid dram (4 cc.) and the whole boiled for thirty seconds after the last drop of urine has been added, any cloudiness affecting the beautiful blue transparent liquid, even if only seen after cooling, indicates the presence of glucose. In many cases a slight whitish precipitate of phosphates appears, not sufficient, however, in the absence of sugar, to affect the blue color of the test liquid. It often happens that after cooling the color is a lighter blue than the original unboiled test liquid, but if the difference in color is but slight and the transparency of the liquor is not affected, this need not be taken as indicating the presence of even a trace of sugar. Samples of Haines' solution deposit in time a reddish precipitate. We must decant the clear liquid from this precipitate as it occurs from time to time; after such deposits of crystals has taken place the solution becomes, according to Professor Haines, more easily reduced, and in the writer's experience is likely to lose some of its color when boiled with almost any urine. Haines' solution freshly made does not thus lose color when boiled with normal urine. Haines'

test properly performed reacts less often than other cupric tests with reducing agents other than sugar likely to be present in urine. Chloroform added to urine for preservative purposes may cause a muddy yellow precipitate when the urine is boiled with Haines' test, provided the eight drops added actually contain chloroform; but the writer failed to observe the reduction in a sample recently tested in which surface urine was used for the test, the chloroform having subsided to the bottom of the graduate in which the urine was contained. In the case of chloral hydrate there is not always a reduction unless the preservative has been added in considerable quantity to the urine.

It is of no consequence to the physician that chemists in glucose factories do not use Haines' liquid, for there is no reason why they should.

For determining the quantity of sugar in the urine there are a number of attractive volumetric methods by which the quantity is ascertained in a few moments. In some cases these methods are probably reliable, but how is the busy physician to know just when they are unreliable? To illustrate, it is only necessary to narrate the writer's experience with one of them, which had the merit of giving a positive reaction with known solutions of grape sugar in water so diluted as to be entirely unrecognizable by Haines' test, even when ten drops of urine were added; but when this more delicate test was used on a certain sample of urine it appeared to indicate the presence of sugar in considerable quantity, and when further the quantitative application of the test was made three-quarters of one per cent. of sugar was indicated. Unfortunately, however, there was no sugar at all in the urine, the error both qualitatively and quantitatively being caused by the presence of products due to ingestion of certain drugs by the patient. The writer advises, therefore, the use of the fermentation method for quantitative work. When fresh yeast cannot be obtained, the substance known as Yeast Foam can safely be used.

If now Haines' sugar test shows the presence of glucose in the urine and the ferric chloride reaction is absent, the case is to be regarded as a more or less manageable one, regardless

of the quantity of the sugar and usually of the symptoms of the patient. Whether the case will prove to be more manageable or less manageable depends upon the addiction of the patient to sweets. In order to explain the meaning of this phrase the writer will say, that for twelve years he has been persistently questioning diabetics as to their fondness for sweets. Out of several hundred cases two only have been found in which more than ordinary fondness for sweets was not admitted. It would appear, therefore, that in treating diabetes mellitus we have to deal not merely with a disease, but with an addiction as well, and in the management of the cases success depends largely upon the management of the addiction. The more manageable cases are those of recent origin, occurring in patients whose sensibilities have not as yet been blunted by the presence for years of a large percentage of glucose in the blood. The writer is fairly positive that after a certain length of time a diabetic becomes unable to deny himself sweets, even as a hopeless drunkard cannot abstain from alcohol. He will either use craft to obtain them or else irritably insist on having them.—Clifford Mitchell in N. A. J. of Hom.

INSANITY AND CRIME.

Not only insanity, but also crimes and criminals, seem to be rapidly increasing in our country. At the meeting of the Missouri Valley Homœopathic Medical Society, held in Omaha in October, Edwin R. McIntyre, B. S., M. D., professor of mental and nervous diseases in the Dunham Medical College of Chicago, read a paper on "Present Responsibilities for Future Citizenship." The following paragraphs show the alarming increase of insanity, suicide and murder in our country:

That insanity is increasing from year to year is proven by our asylum reports. And in keeping pace with the increase in the number of insane in our institutions is the steady increase in the number of murders and suicides.

In 1890 there were in this country 2,040 suicides and 4,290 murders; in 1891, 3,331 suicides and 5,096 murders; in 1892, 3,860 suicides and 6,704 murders; in 1893, 4,436 suicides and 6,615 murders; in 1894, 4,912 suicides and 9,800 murders; in 1895, 5,759 suicides and 10,500 murders.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

A HALF CENTURY OF JOURNALISM.

The North American Journal of Homeopathy for January, 1902, celebrated its fiftieth anniversary by the production of a handsome jubilee number which is a marvel of beauty and a fitting memorial to its fifty years of devotion to the cause of homeopathy.

The North American began its career in February, 1851, under the editorial management of Constantine Hering, M. D., of Philadelphia; E. E. Marcy, M. D., and J. W. Metcalf, M. D., of New York.

"Its first appearance," says Professor William Tod Helmuth (in his reminiscences of the journal), "created a sensation in the homeopathic world and it was hailed with enthusiasm because of the reputation of those whose names appeared on its title page as editors."

Continuing, Professor Helmuth says: "The attitude of the old school in those days toward the new system can scarcely be understood by those living at the present time. when, externally, at least, no violence is tolerated, and when social relations need not be disturbed by differences of med-

ical opinion. The animosity that existed when this journal appeared (1851) was at fever heat and existed not only in professional circles but extended into social relationships. The old school medical journals were filled with the most vituperative articles against the system. No expressions were too vile and no insinuations too base to be showered upon those who had embraced the doctrine of Hahnemann." * * *

"Since the North American Journal of Homeopathy was born it has seen and chronicled the great changes which are culminating to-day, and to which allusion has been made. The editors whose names appear upon the title page of its first volume have long since passed to the other side. New men have replaced them and they, too, have said au revoir to their earthly surroundings—and yet the world moves on. The Journal still lives because—

"On earth no man's essential, if he were
The greatest schemes would languish; grim despair
Would settle on this racing, rushing world
When some high chieftain from his throne is hurled."

The North American is indeed a great medical journal, worthy of the esteem and confidence of a united profession. To its accomplished editor, Dr. Eugene H. Porter, we extend our heartiest congratulations, and wish him unbounded opportunity in his desire to make the Journal even more successful in the future than it has been in the past.

DENVER NEEDS A CONTAGIOUS DISEASE HOSPITAL.

With one exception Denver may be said to be abundantly supplied with excellent hospital accommodations. During the past year the commissioners have built a very large addition to the county hospital, and ample room has been provided for many years to come. The county buildings are now all practically new and modern in every respect.

The one feature of hospital work which has been shamefully neglected is the wholly inadequate provision for the care of contagious diseases. We have, it is true, what is known as the "Steele Memorial" hospital, but it consists of two or three old dilapidated cottages which are totally unfit for hospital work of any kind and afford not half enough room for the ordinary demand. Into these miserable quarters are crowded diphtheric and scarlatina patients indiscriminately because of the scarcity of room. The health commissioner does the best he can under the circumstances, and no one more than he realizes the urgent necessity for better facilities in handling this class of cases.

The modern system of placarding diphtheria and scarlatina cases makes the lack of decent hospital accommodations a matter of great importance to keepers of hotels and boarding houses. To placard a boarding house practically means the closing of the house for an indefinite time, owing to the fear which dominates the minds of most people. Hence, whenever a child is pronounced ill with diphtheria or scarlatina instant demand is made for removal, and it often becomes a serious question what to do with the patient. The Steele Memorial is frequently so crowded that to add another patient seems almost criminal, and what are people to do unless some friend is brave enough to come to the rescue, as occurred recently in the experience of the writer?

Why matters of such vital importance are allowed to go on in this manner is beyond comprehension. The city owns plenty of ground adapted to the purpose, and a very modest appropriation would be sufficient to erect a hospital of a capacity equal to the demands of our rapidly growing population. Denver cannot afford to ignore the fact that a modern hospital adapted to the care of contagious diseases is one of the immediate necessities of the time, and steps should be taken to place the matter before the city council in such manner as to secure prompt attention.

A TIMELY PROTEST.

A number of prominent New York physicians have entered a protest against the recent ruling of the Treasury Department debarring consumptive aliens from entering this country. The protestants take the ground that while tuberculosis may be communicable, it should not be fought by "measures through which additional hardship is imposed upon the consumptive individual, his family and his physician."

This is in line with the position long advocated by The Critique, and we hope the profession generally will urge upon the government the folly and wrong of any such discrimination against alien consumptives who desire to come to this country.

Through quarantine laws and meddlesome health regula tions there has been created "a fear of disease" which is pernicious and unwholesome."

THE DENVER COLLEGE.

A leading professor in the Denver Homeopathic College speaks most encouraging words of the good work done in that institution. The faculty, as a whole, he says, is painstaking and faithful and the hard working students exhibit a loyalty and devotion to their studies which promise much for a successful future. This is encouraging to the officers of the college, who are laboring hard to make this institution a representative one in our school. There is a demand for competent homeopathic physicians, and it will reflect no small credit upon the Denver college to be able to properly supply this demand in our rapidly growing western territory. Our informant assures us that the outlook for the future is eminently satisfactory to the faculty and directors of the college.

THE SPLEEN IN SHAKESPEARE.

Who, with our spleens, would all themselves laugh mortal.—Measure for Measure, 2:2.

Was begot of thought, conceived of spleen and born in madness.—As You Like It, 4:1.

Haply my presence may well abate the over-merry spleen.—Taming of the Shrew, Introduc. 1.

Unto a mad-brained rudesby full of spleen.—Taming of the Shrew, 3:2.

If you desire the spleen and will laugh yourselves into stitches, follow me. (This is evidently a Byronic stitch.)—Twelfth Night, 3:2.

With swifter spleen than powder can enforce.—King John, 2:1.

Or teach thy hasty spleen to do me shame.—King John, 4:3.

I am scalded with my violent motion and spleen of speed.—King John, 4:7.

A weasel hath not such a deal of spleen.— Henry IV., 2:3.

Base inclination and the start of spleen.—Henry IV., 3:2.

A hair-brainedHotspur, governed by a spleen.—Henry IV., 5:2.

You charge not in your spleen a noble person.—Henry VIII., 1:2.

I have no spleen against you.—Henry VIII., 2:4.

I shall split in the pleasure of my spleen.—Troli. and Cress., 1:3.

Such thing as might offend the weakest spleen.—Troil. and Cress., 2:3.

The performance of our heaving spleens.—Troil. and Cress., 2:2.

With all the spleen of all the under fiends.—Coriolanus, 4:5.

It is a cause worthy my spleen and fury.—Timon of Athens, 3:5.

You shall digest the venom of your spleen.—Julius Cæsar, 4:4.

Or I shall say you are all in spleen.—Othello, 4:1.

Yours truly, W. A. DEWEY.

Inspired by your "Spleen in Literature."—Critique.

DENVER HOMEOPATHIC CLUB.

The thirteenth annual meeting of this club was held at the Brown Palace on Monday evening, January 20th. There were present Drs. Anderson, Burr, J. B. Brown, Clark, Fitzhugh, Freyermuth, E. H. and Walter Joel King, Smythe, Strickler, Vinland, Welch and Willard. Among the visitors we noticed Dr. Giles P. Howard.

After accepting the resignation of Dr. C. E. Thompson, the reports of the officers were read showing that the club had practically stood still during the year. Thirteen meetings were held with an average attendance of twenty per cent. of the membership, the smallest attendance in the past five years. One statement in the secretary's report that received the hearty commendation of every member present was in regard to the great indebtedness of the club to the Critique, an indebtedness not computable in dollars and cents. "Medicine vs. Surgery" was the title of the president's address.

The new officers are: President, C. E. Tennant; vice president, Walter Joel King; secretary, Edwin Jay Clark; treasurer, J. B. Brown; censors, O. S. Vinland, Julia D. FitzHugh and W. R. Welch; program committee, J. W. Harris, J. W. Mastin and A. C. Stewart; legislative committee, David A. Strickler, J. P. Willard and R. O. Butterfield.

The following resolutions were unanimously adopted:

Whereas, It has pleased the Ruler of the Universe to remove from our midst our friend and brother practitioner, Dr. Bruce S. Beckwith; and,

Whereas, In his death the homeopathic profession loses a valued member; and,

Whereas, In his sudden removal we are reminded of the uncertainties of life and the need of sympathetic friendship; therefore, be it

Resolved, That we bow our heads in submission to Him who doeth all things for the best; that we mourn the loss of a brother, and that we extend to his beloved wife and companion our heartfelt sympathy.

Resolved, That a copy of this resolution be spread upon the minutes of the Denver Homeopathic Club and that a copy be handed Mrs. Beckwith.

David A. Strickler, C. E. Tennant and C. W. Enos, committee.

E. J. CLARK, Secretary.

ATTEMPT TO SIMPLIFY THE TREATMENT FOR FALSE-JOINT.

Colley (Centralblatt fur Chirurgie, June 29, 1901) reports the case of a man who presented himself for treatment with non-union of the radius and ulna at the center of their shafts, as the result of fracture. He had been treated for some time by absolute rest of the parts in a cast, but with no success. Fearing that some malignant neoplasm was the cause of the non-union, the author cut down upon the seat of the fracture, but found no evidence of any pathological change. There was not the slightest evidence of callus, and the fragments were much splintered. As the result of this slight interference the patient developed a marked case of delirium tremens, repeatedly tore off the dressings and so infected the wound, which finally healed. As a last resort the author made a solution of bone ash from the femur of a cow, mucilage, gum arabic, and distilled water. After sterilizing, this was injected by means of a pravaz syringe into the area of non-union. After the sixth injection there was every evidence of good union, and shortly afterward the patient was discharged cured.—Therapeutic Gazette.

A METHOD OF CIRCUMCISION.

Bilhaut describes in the Annales de Chirurgie et d'Orthopedie for February, 1901, a circumcision which he performed on a boy eleven years old, whose short, tight prepuce was stretched over the glans and provided with an orifice situated considerably above its normal point and almost as small as a pin-point. Three radial incisions were made through the entire preputial thickness, after which the foreskin was retracted behind the

corona. This retraction converted these radial incisions into three cuts running circularly about the penis separated by bridges of skin. The mucous and skin borders of these cuts were then united, and the operation was completed with no loss of blood and with no retrenchment of the prepuce, which was so short that there was no need of removing any part of it. As a result of the relief from tension the very small glans penis grew rapidly and shortly reached normal size.—Ex.

SAVED BY THE CATHETER.

Dr. G. W. Ord cited a case of breech presentation (London Lancet, September 21, 1901), in which the aftercoming head refused to leave the mother, and pulsation of the cord had ceased. It was a male child and for certain family reasons it was highly important that a living son should be born. Everything indicated that the child would be born asphyxiated. The doctor passed a silver male catheter into the child's mouth, using his finger as a guide. The child cried down the catheter and the chest became inflated. His anxiety was relieved, for he saw no reason why the child, if need be, could not remain in that position with the catheter in his mouth for several hours. A minute later another catheter was passed into the child's mouth to double the air supply. After six or seven minutes the head was born. The child was alive and everything was satisfactory. While such an authority as Playfair says that the catheter cannot be relied upon, Dr. Ord found that it worked perfectly. In this way the doctor thinks that the high mortality of breech presentation may be lower and thus may be the means of saving infant life.

THE TECHNIQUE OF NEPHROPEXY.

Dr. George M. Edebohl of New York read this paper in abstract. He said that he had abandoned the use of sutures through the kidney substance, because it had been shown that destruction or loss of renal substance was compensated for by

hypertrophy of the remaining portion, but was never made good by re-formation of the glomeruli or tubules. He employs the usual lumbar incision, and after separating the fibers of the latissimus dorsi incises the transversalis fascis just outside of the erector spinæ. The kidney is delivered through the wound, and the capsule opened and reflected on each side so as to denude half of the convex surface. Four sutures are then passed through the reflected and the adherent portions of the capsule. They do not penetrate the parenchyma of the kidney, but pass out through the muscles and are tied in the subcutaneous tissue. The wound is closed without drainage.

METHOD OF INCISING, SEARCHING AND SUTURING THE KIDNEY FOR STONE.

Dr. Howard A. Kelly of Baltimore described certain interesting and practical anatomical points in connection with the surgery of the kidney, which had been discovered and worked out almost solely by his artist, Mr. Broedel. This gentleman had rediscovered a forgotten anatomical fact, i. e., that the vascular supply of the kidney is absolutely divided into two portions, between which there is no communication. He had also pointed out a line which Dr. Kelly thought should be known hereafter as "Broedel's line," which marks the most vascular part. It is the white line found on the surface of the kidney, near its dorsum, and which extends the length of the organ. An incision made into the kidney posterior to this line and through the center of the lobules, if made parallel to the posterior surface of the organ, avoids the vessels and is almost bloodless. Dr. Kelly also described briefly a method of inserting several mattress sutures so as to temporarily, but perfectly, control the circulation in the organ.—Medical Review of Reviews.

"Good mawning', pahson; what kin we do foh you?"

"Oh, I'se jest makin' a pastoral call."

Well, goodness me! Den I'll go right out an' kill a chicken."—Indianapolis News.

THE TREATMENT OF SYPHILIS, WITH SPECIAL REFERENCE TO THE BEST METHODS OF ADMINISTERING MERCURY.*

BY WINFIELD AYRES, M. D.

In some cases the protiodide controls the symptoms, but in the majority it is of very little use. Experiments with Mercurol were conducted at Bellevue hospital for eight and a half months, with 180 cases; the histories of ninety-five of these are recorded. The remainder could not be kept under observation and are therefore passed over. The dosage of the Mercurol, regulated either by reaching the point of tolerance or control of the disease, varied from one-half to six grains. In sixty-four of the ninety-five cases the disease was controlled as follows: In two weeks, eight; three weeks, twelve; four weeks, fourteen; five weeks, six; six weeks, five; seven weeks, two; two months, eight; ten weeks, two; three months, five, and four months, one. The remainder are marked thus: Decidedly improved, seventeen; improved, eight; no improvement in two weeks, three; no improvement in four weeks, one, and no improvement in three months, two. The latter were all dispensary patients, and it is uncertain whether they took their medicine regularly.

The writer states that his plan was to increase the dose steadily from one grain until there was a slight tendency on the part of the teeth and gums to become tender. If the symptoms were not controlled before the physiological effect of the Mercurol made itself felt, small doses of potassium iodide were added, and in every case where the Mercurol was taken according to directions, with the exceptions noted above, the symptoms were controlled.

In sixty-seven out of the ninety-five cases tabulated, no other medicine than Mercurol was given. In fifteen out of the remaining twenty-eight, the addition of iodide of potassium was found to be sufficient to control the disease, while in six others the addition of an iron tonic sufficed for this purpose.

Ayres, in conclusion, states that he uses Mercurol in his private practice to the exclusion of all other drugs. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of Mercurol.

*Abstract of an original paper by the author in the Lancet (London Eng.) October 19, 1901.

BACTERIOLOGICAL COMMON SENSE.

Dr. C. N. Peirce, D. D. S., Philadelphia, Pennsylvania, contributes a very excellent article to the International Dental Journal on the subject of bacteriology. Among other excellent things the doctor says:

"With these important facts before us, it should be borne in mind that microscopic life is, in its largest influence, beneficent to humanity, that the varieties associated with disease are comparatively few in contrast with the others. While these minute organisms have been definitely identified with special diseases, many have serious doubts as to whether it has been satisfactorily demonstrated that they are the cause and not the product of the condition. The presence of these organisms in nearly all diseases is fully recognized, but their influence, as we see, is somewhat conjectural. The query is, will future generations modify the modern teaching?"

We will undertake to answer the doctor's query. We think that the future generations will modify the modern teachings of bacteriology and we think they will be greatly modified. We have an idea that future generations will look back upon the present teachings of modern bacteriology with mingled horror and contempt. We feel sure of it.

We do not think that the so-called microbe is the cause of disease, but one of the products of disease. To be sure, the bacteriologist has discovered some microbe organism that he calls bacilli. He "rubbers" and squints and peeks through his little microscope and feasts his eyes upon these every day. We do not doubt this at all. We wish he could see himself as plainly as he does these little microbes, and realize how ridiculous he is making himself.

But after he gets through "rubbering" and squinting and peeking he is no more competent to cure and prevent disease than he was before; indeed, not so much so, for his little microscope has led him off on the wrong trail. He spends his time fooling with nasty "cultures," and squandering his vitality in devising serums and toxins, and wastes his means in formulating germicides, when he ought to be making himself and neighbors clean with soap, water, shovel and broom. Microbes have no use for clean people. Bacteria cannot live on a clean mucous membrane. If the bacteriologist would wash his hands, rinse his mouth, and quit fooling with such nasty things, he would be a great deal nicer fellow.—Medical Talk.

IN RE THE LATEST DISCOVERIES.

A few of the latest discoveries, according to the secular press, are a new embalming fluid. A new parasite that causes fever has been discovered by a Dr. Dutton of Bathurst, on the west coast of Africa. Cure for yellow fever by the use of fluid extract of Cedron, used hypodermically. Sure cure of consumption by the use of electricity, which, when used with very high voltage, kills the bacillus tuberculosis. Newly invented process for curing athrophy of the optic nerve by a Dr. H. F. Garey. Dr. Leteve cures lockjaw and other diseases by the injection of two sera or antitoxines. One seems to accelerate the action of the other.

Next is "Nervocidine," a new, powerful anesthetic derived from an Indian plant discovered by a dentist in Flume—Dr. D. Dalma. It is the active principle of "gasu basu." Dr. Dalma has named the salt derived from this plant "Nervocidine." It is used in a weak solution of one-

tenth to one-twentieth per cent. and acts as a most marked local anesthetic.

Dr. Francisque Crotte's new cure for consumption is working wonders throughout Belgium by the application of electric treatment. The London tuberculosis conference last year declared that this system had cured thousands.

The latest fad is goatine, an extract taken or manufactured from the goat by a secret process, for which is claimed wonderful things. A dyspeptic can eat and digest the most indigestible food, and it seems to revive and renew the wasted nervous energies. Its limitations will not be fully known until further clinical experience shall decide. All the above, and more, is claimed by the inventor, a New Orleans gentleman.

The above and other cures and bug craze fads, coming from scientists (?) from North and South America, are daily being printed in the press of the country. It is having an effect most deleterious upon the masses, leading them to think there is nothing but humbuggery in the practice of medicine. Selfishness is at the base of all who use such means to personal ends. Where will it end? J. W. A.

LAUGHTER AND LONG LIFE.

It may be that some enthusiastic and laborious German statistician has already accumulated figures bearing upon the question of length of life and its relation to the enjoyment thereof; if so, we are unacquainted with his results, and yet have a very decided notion that people who enjoy life, cheerful people, are also those to whom longest life is given. Commonplace though this sounds, there is, says the Lancet, no truth more commonly ignored in actual, every-day existence. "Oh, yes, of course, worry shortens life and the contented people live to be old," we are all ready to say, and yet how many people recognize the duty of cheerfulness? Most persons will declare that if a man is not naturally cheerful he cannot make himself so. Yet this is far from being the case, and there is many a man who is at present a weary burden to his relatives, miserable through the carking care of some bodily ailment, perhaps, or some worldly misfortune, who, if he had grown up into the idea that to be cheerful under all circumstances was one of the first duties of life, might still see a pleasant enough world around him. Thackeray truly remarked that the world is for each of us much as we show ourselves to the world. If we face it with a cheery acceptance we find the world fairly full of cheerful people glad to see us. If we snarl at it and abuse it we may be sure of abuse in return. The discontented worries of a morose person may very likely shorten his days and the general justice of nature's arrangement provides that his early departure shall entail no long regrets. On the other hand, the man who can laugh keeps his health, and his friends are glad to keep him. To the perfectly healthy laughter comes often. Too commonly, though, as childhood is left behind the habit fails and a half-smile is the best that visits the thought-lined mouth of a modern man or woman. People become more and more burdened with the accumulations of knowledge and with the weighing responsibilities of life, but they should still spare time to laugh. Let them never forget, moreover, and let it be a medical man's practice to remind them that "a smile sits ever serene upon the face of wisdom."—Health.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution or college, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Doctor Carey W. Allen of Colorado Springs was in Denver for a few days during the last of January.

In Germany the teachings of Hahnemann are published in old school works.

The physicians of Omaha have organized a physician's casualty association for physicians only.

Six new public school houses, now being erected in Boston, will contain bath rooms for the use of the pupils.

Dr. Sanford Hoag, accompanied by his wife, has gone to California for a brief sojourn.

"Is your husband going west on the advice of his physician?"
"No; on the advice of his lawyer."—Exchange.

"Don'ts in Twentieth Century Surgery," printed in the January issue, owing to mistake of the printer, due credit was not given to author or journal from which it was copied. Beg pardon.

Dr. J. W. Mastin was called east on account of the death of his father, who died from pneumonia. The Critique wishes to extend sympathy to Dr. and Mrs. Mastin in their loss.

The Critique is sorry to learn of the death by cancer of Mr. William F. Lyon, father of Dr. Roy M. Lyon of Denver. Mr. Lyon was a prominent Mason and also one of the best known public men about the city.

Dr. R. O. Butterfield has purchased the residence, fixtures and good will of Dr. E. G. Freyermuth. Dr. Freyermuth goes to Indiana for the benefit of his wife and son's health.

In the Mecca of January 11th appears an article by the pen of Dr. N. G. Burnham entitled "Health Advantages of Colorado," which will well repay reading.

A Good Appointment.—Dr. Howard Crutcher was appointed consulting surgeon to the Chicago & Alton Railway Company, headquarters in Chicago. The Critique extends congratulations.

Dr. C. E. Bullette, representing the well-known house of Charles Marchand of New York, made The Critique a call. It must be a pleasure to extol the virtues of hydrogen and glycozone.

Dr. C. W. Judkins of Aspen is wrestling with legislative matters at the extra session. Fortunately, he will have no medical bills to contend with this time.

The Critique is in receipt of Vol. I., No. 1 of The Medical and Drug Advertiser, published by Lillard & Co., 108 Fulton street, New York, devoted to the interests of advertisers in medical and drug journals.

A case of anesthetic leprosy was discovered in Denver and sent to the pest house. The subject is an aged Chinaman who has had the disease for years.

A homeopathic physician is wanted at Orange, Orange county, Texas. Population about 5,000. Address Mrs. M. S. Whitsett, Orange, Orange county, Texas.

Dr. James B. Brown was married last month at Chicago to a Miss Harris of Salem, New Jersey, at the home of the bride's uncle. Dr. and Mrs. Brown have gone to housekeeping at 2825 Humboldt street, Denver.

First Doctor—Has the trouble reached an acute stage?

Second Doctor—I should say it had. I've paid forty-six visits and I haven't received a cent on account.—Judge.

The Critique notes with regret the loss to the community and the profession of four of our leading physicians, Drs. B. S. Beckwith, J. T. Eskridge, Clayton Parkhill and S. A. Bonesteel. They were all men of prominence in their profession.

In Tennessee it is a criminal offense to substitute a drug different from the one prescribed. Let every state pass a similar law, and let every physician resent the proposition of any pharmacist or druggist to substitute something "just as good" in place of what is called for.

Sniffles—We are gradually doing without things. We now have horseless carriages, smokeless powder, wireless telegraph, and—

Biffles—Yes, and sunless springs, rainless summers and snowless winters.—New York Herald.

Dr. S. F. Shannon resigned from the State Board of Medical Examiners on account of alleged irregularity in the action of the board in licensing one J. Edward Hilts. The governor appointed Dr. David A. Strickler a member of the board to fill the unexpired term of Dr. Shannon.

Dr. C. N. Hart, assisted by Dr. Anderson, performed recently at St. Joseph's hospital two very interesting and difficult operations, one for prostatic trouble. The second was a very bad case of hemorrhoids in which Whitehead's operation was performed. Both cases are doing nicely.

Mother—What! Have you been fighting again, Johnnie? Good little boys don't fight.

Johnnie—Yes, I know that. I thought he was a good little boy, but after I hit him once I found he wasn't.—Somerville Journal.

The appointment of Dr. J. M. Ward upon the Board of Health of San Francisco by the new mayor is already well known. The appointment meets with the heartiest of approval by all the physicians and laity of homeopathic tendency, and even by those who feel that justice is due us. It is true we have been promised such things as public positions many times before, but they usually faded away in the mist and fog when it came to a "show down." This time we are glad to see Mayor Schmitz proved strong enough and firm enough to acknowledge in public what he believes in private, and the thanks and loyalty of every homeopath in the state should be his. Dr. Ward has been kindly received by the other members of the board, and has been accorded a position upon the "committee on hospitals" and the "committee on foods," both prominent and important committees, so that we may all rejoice.—Pacific Coast Journal of Homeopathy.

CAN'T BE DONE.

You can't stand for five minutes without moving, if you are blindfolded.

You can't stand at the side of a room with both your feet lengthwise touching the wainscoting.

You can't crush an egg, when placed lengthwise between your hands; that is, if the egge is sound, and has the ordinary shell of a hen's egg.

You can't get out of a chair without bending your body forward, or putting your feet under it; that is, if you are sitting squarely on the chair, and not on the edge of it.

You can't break a match, if the match is laid across the nail of the middle finger of either hand and pressed upon the first and third fingers of that hand, despite its seeming so easy at first.—Health.

SURE DEATH.

"Medical science has made such progress," said the doctor, when speaking of his profession, "that it is almost impossible for anybody to be buried alive now." Then he wondered why everybody laughed.—Boston Courier.

BOOK REVIEWS.

A brief manual of prescription writing in Latin or English for the use of physicians, pharmacists and medical and pharmacal students. By M. L. Neff, A. M., M. D., Cedar Rapids, Iowa. Pages v-152. Size, 8x5¾ inches. Extra cloth, 75 cents, net, delivered. Philadelphia, Pennsylvania: F. A. Davis Co., publishers, 1914-16 Cherry street.

This little book will exactly meet the wants of a good many physicians who may desire a better knowledge of correct prescription writing. The author enters into his subject briefly but quite systematically by giving an outline of the use of the Latin noun, adjective and verb as a basis of prescription writing. The book also contains a good Latin-English vocabulary, Latin phrases, rules for incompatibility, tables of doses, formulary, etc., etc., which will be found valuable for reference by physicians and pharmacists.

Outlines of Anatomy—By Edmund W. Holmes, A. B., M. D., late demonstrator of anatomy, University of Pennsylvania, 184 pages. Philadelphia, 1902.

Fresh from the press of the New Era Printing Company of Lancaster, Pennsylvania, comes the second edition of Holmes' "Outlines of Anatomy." Dr. Holmes is well qualified by long years of teaching and demonstrating anatomy in the University of Pennsylvania. The book is based upon the author's personal experience in the work of the dissecting room, and describes the plan followed in his classes. He divides the lateral half of the body into four divisions and assigns twenty-eight days for the dissection of each part. Directions are given for each day's work. Observing systematic dissections, as outlined in this book, can but result in the student learning and remembering his anatomy much easier because he is told how to proceed, what to look for and where to look. Dr. Holmes incorporates several tables giving the origin, insertion, function and nerve supply of the muscles, but does not agree with Gray in many cases. This, however, does not affect the usefulness of the "Outlines" as a guide in dissecting, and the student or physician will find it a very practical working manual for use with the cadaver. W. J. K.

KILLS CANCER BY CUTTING OFF BLOOD IT FEEDS ON.

New York, Feb. 3.—For a heroic surgical treatment of cancer, Dr. Robert H. M. Dawbarn, visiting surgeon to the city and Polyclinic hospitals, has been awarded the Samuel D. Gross prize of $1,000.

The prize is awarded by the Philadelphia Academy of Surgery, which is trustee for the fund.

Dr. Dawbarn has found an operation for malignant cancerous growths in the head where such growths cannot be cut out.

The carotid arteries convey the main blood supply to the head. The main carotids divide the neck into branches. The operation consists in cutting out external carotids in both the left and right sides of the neck, thus depriving all of the head save the brain and eyes of the main supply of blood. The operation is one which a few years ago would have meant death to the patient, but now is entirely practicable.

The cutting off of the blood supply not only stops the growth of the cancer, but, by continued deprivation of nutriment, causes the gradual but steady lessening of the growth.

This heroic treatment has been as successful as it is daring. The first person operated upon by Dr. Dawbarn went under the knife seven years ago. He had a malignant growth of the pharynx. He is now in good health and able to attend to business every day.

It is said that if this plan of treatment had been known at the time of General Grant's last illness the life of the illustrious soldier might have been greatly prolonged and his sufferings much lessened.—Rocky Mountain News.

THE USE OF HEAT AS A MEANS OF DIAGNOSING THE PRESENCE OF PUS.

According to Dr. K. Lewin of Berlin, the application of heat, while relieving pain resulting from simple acute inflammation, is found to have exactly the contrary effect when suppuration is present. Dr. Lewin has applied this observation to the solution of the question of the presence of pus in cases of appendicitis. In ten persons attacked by appendicitis where Dr. Lewin applied hot compresses for one or two hours, eight were greatly relieved, while two found their pains increased. In all the former group a spontaneous cure resulted in the course of two or three weeks, while in the others, after persistent trial of medical treatment without result, operative interference became necessary, and pus was found in both instances. The author considers that in applying the test it is important to use no other calmative means, and to keep from the patient its meaning, that the effect of the application may not be modified by any dread of an operation.—Medical Times.



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THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of the Missouri river. Hence, it is the best medium through which to advertise.

"We acknowledge receipt of your issue of January 15th, which is indeed very attractive in its new dress."—Parke, Davis & Co. This is one of the many letters received complimenting us upon the appearance of The Critique.

In the case of blood poison, where there was marked prostration the use of hypotone gave speedy results. Hypotone is the combination of California wine with hypophosphites. Read all about it on page 3.

Marach is unequaled for inflammation and congestion. Manufactured by the Columbia Chemical Company, Denver, Colorado, and sold by all druggists. Prices 25 cents, 50 cents and $1. Page 1 will tell you all about it.

Dr. Benjamin F. Bailey's sanatorium, Lincoln, Nebraska, for the treatment of non-contagious chronic diseases, has many advantages to recommend it to those residing in high altitudes. It lacks the extreme prostration of the sea level that so often affects one, due to rapid change, and one does not have to take weeks to adapt themselves to the change. Buildings modern and supplied with every convenience.

In anemia, bronchitis, phthisis, influenza, neurasthenia and during conavlescence after exhausting diseases remember Fellows' Syrup of Hypophosphites as a preparation par excellent. Literature of value upon application. Mr. Fellows, 26 Christopher street, New York.

"There is but one material fit to come in contact with the human skin—linen—the most noble, cleanly and soothing fabric known. There is but one way of making linen underwear—the Dr. Deimel Linen-Mesh way."

We are in receipt of a brochure on smallpox published by Battle & Co. of St. Louis, Missouri, in which the virtues of Ecthol is spoken of in the highest terms. Ecthol is an anti-purulent, hence it is indicated in the treatment of smallpox. The different writers claim that by the use of Ecthol it renders any one immune to that disease. Write for the pamphlet.

"Nothing so rare as resting on air." Some sleep on straw, some on shavings, some on excelsior, some on cotton, some on hair; but all are crude, unhealthy, unsanitary and uncomfortable compared to the incomparable Pneumtaic Mattress." Read all about it on fouth cover page.

WAS NOT CURED.

Butcher—Didn't like that ham? Why, it was some that I cured myself.

Customer—Call that ham cured? Why, man, it wasn't even convalescent.—Boston Transcript.

That Frederick Steinhauer, druggist, Charles block, 930 Fifteenth street, Denver, carries a full line of Boericke & Tafel's homeopathic medicines.

Mellen's food is the ideal baby food, because it adapts itself to the different conditions and requirements, in all cases where a nutrient is demanded in invalids or where the stomach is in a weak condition.

A HELP MATE.

"Miss Touchey would make just the wife for some struggling doctor.

"Why?"

"She is always giving some one fits."—Inter Ocean.

A WELCOME DISCOVERY.

The "bacteria of fatigue" is the latest discovery of science—found by Professor Gautier of the French institute—and certainly the most unobjectionable. Other bacteria have been doing us infinite damage, poisoning us through the water and the air and a multitude of other avenues. But here is the bacteria of fatigue, which intends no further harm to us than to remind us that we must take a rest. People who have been hitherto reviled and sworn at as lazy and worthless will smile. They know now what has been the matter with them. They have been treated most unjustly, for, in fact, they would have been just as active and industrious as others if they had not been victims of the "bacteria of fatigue." In many cases they were attacked from birth—or, as the phrase is, were "born tired." One of these, no doubt, was the young man about starting in life who wrote home to his father that he was well except that he "had a strange aversion to every species of exertion." He did not know it, but in reality he was suffering with the "bacteria of fatigue." There are really thousands and tens of thousands with this malady all over the world, and especially in this country at the present time of the year in the rural roads. We call them tramps, but they are actually invalids, inoculated with Professor Gautier's "bacteria of fatigue." And for most of them there is no cure.—Exchange.

THE CRITIQUE.

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HOMEOPATHY, ITS FUNDAMENTAL PRINCIPLES.

BY DAVID A. STRICKLER, M. D.

When a system of medicine has lived for more than a century with a constantly increasing clientele it can no longer be considered new or in the experimental stage. The fundamental principles of homeopathy have been so often presented in times past that the writer cannot hope to present anything new. If, perchance, he may succeed in fixing these principles in the minds of some of the younger medical men—the students who will soon leave us to go out to their various fields of labor—or assist some of its patrons to understand the fundamentals of the system, the comparative merits of which they know from experience, his mission in writing will have been accomplished. "Similia similibus curentur," the Latin form which translated literally, let likes by likes be cured, was the first principle enunciated by Hahnemann. It was then and has constantly since remained the basic principle or law of homeopathy which from Homoeos—like and pathos—affection, expresses the same thought. All other principles and rules advocated by Hahnemann and his followers are the outgrowth of experience in the application of the law of "similia." They are complementary, hence necessary to the extent that they furnish the proper conditions for the application of the law.

Briefly stated, they are:

1—The selection of the remedy according to the totality of the symptoms.

2—The single remedy.

3—The minimum dose.

Read before the Denver Homeopathic Club, February 17, 1902.

The law of similia in plain English means that to ascertain the curative action of a drug we must first learn what its effects are when given to healthy people. Having experimented with, or, as we know the term, proven the drug on the healthy, we are prepared to use it to cure disease originating from other than medicinal causes, by giving it to patients suffering from conditions and symptoms similar to those it is found to produce when given to the healthy. This curative relation between two sets of smytomatic facts, the symptoms of the drug on one hand and the symptoms of disease on the other, is designated the law of similars, and is expressed in the Latin phrase already quoted, "Similia similibus curentur." The law is confined in its application to the administration of remedies for the cure of disease. Its recognition and use by the physician marks the dividing line between the homeopath and the men of all other schools of medicine. Its application does not bar the homeopath from using any and all other means that may assist in the cure; the use of mechanical appliances, massage, heat and cold, moist or dry applications, enemas, emetics or anything else that he may deem necessary to remove mechanical obstructions or irritating substances from any part of the body. The recognized definition of a homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right." These accessories in medicine are the distinctive property of no school; they belong to all alike. The homeopath has in addition a law of the therapeutic application that places him in a class which is worthy a distinct name. Not all homeopathic physicians occupy the same plane; some are adepts in the application of the law and find less occasion to use accessories; it is possible that with a thorough knowledge of the provings of all drugs one could advantageously discard all accessories, but thoroughness of knowledge in any department is not consistent with human nature. Some of our brethren may lag in duty, but, I am sure, all believe the law of similars is a bulwark of strength in times of therapeutic need.

It is a singular fact that the homeopathic is the only school, present or past, claiming that there is a law governing the application of drugs to the cure of disease. Hippocrates announced the existence of a law of similars and a law of contraries, but no system was founded upon either.

Laws are recognized in physics, in chemistry, and in the sciences generally, but in the application of medicine for the cure of disease other schools blankly tell you that there is no known law, while the homeopath asserts there is a law of cure, and that the law of similars. It would seem that a century would be sufficient time to prove or disprove the existence of such a law, but neither side of the controversy can claim full victory. The homeopathic school gains in numbers of physicians and in patronage, but the old school holds the prestige of numbers and of influence in the community as a direct result of its numbers. Viewed superficially, it may be thought predominance in numbers is a strong argument in favor of that school, and an argument against similia which is accepted by a comparatively small number of physicians. I would emphasize that it is an argument only when viewed superficially. If you will look a little deeper you will soon learn that not one in one hundred in the predominant school has any conception of the application of the law of similars, has ever tried it, has ever investigated it in a way that would prove or disprove any claimed fact in nature. Their reading, if they have read at all, has been from authors, who, like themselves, have made no personal investigation but have ridiculed some feature or features which are, in the great majority of instances, disputed questions in our own school, and are not pertinent to the basic law of similars. The early acquisitions to homeopathy were almost wholly from the then predominant school. Generally men who were either dissatisfied with results from that practice or men who investigated homeopathy for the purpose of ridicule, but whose investigation led them to its adoption and practice. There are to-day in our ranks many of the latter class. I think I am wholly within the limit when stating that for one educated in homeopathy going to the predominant school there are fifty (I think one hundred would be nearer the

truth) come from that school to us. Men are essentially hero worshipers. The medical hero is most frequently of the predominant number, and the would-be doctor, looking to number and position alone, sheep like, follow the leaders without personal investigation or feeling of personal responsibility. It is pleasanter to be one of a large and popular than of a smaller and less popular body. It suits the majority of medical men to prescribe according to the name of a disease rather than to individualize the case and prescribe according to the needs of the special case in hand. For this additional reason it is easier to be one of the predominant school than a homeopath. To be a homeopath means a sacrifice in time, energy, and, to some extent, position. It means, on the other hand, saving many lives that otherwise would be sacrificed. To argue that similia is not true because the majority are unconvinced after a century's demonstration would be equivalent to arguing that Christianity is a fraud because after nineteen centuries it has less than a third of the religious people of the world. So much for the negative side of the argument. On the positive side we will place the fact that the homeopath believes in the law of similia because he knows from experience that it works; that when he gets clear cut indications for a drug according to the law he is never disappointed in its action and his faith increases with age and experience. In addition to this statistics bear him out in every city, and in every institution, public or private, in this country and elsewhere, where comparisons have been made. I challenge a successful refutation of either of these statements.

If true, what becomes of the negative argument, and of the majority who have never tested similia? Since the time of Hahnemann and his presentation of the law of similia, medicine has so completely changed that few members of the present predominant school would hesitate to admit that the therapeutic measures of the then predominant school were worse than useless. To what extent Hahnemann and the law of similars were responsible for this change is difficult to say, but that his success had much to do with the abrogation of blood letting, with diminishing the number of drugs given, and the

size of the dose, and with the development of experimentation with drugs upon animals, the so-called physiological medicine, I believe no one, friend or foe, will deny. In much of what is written on therapeutics we see traces of the law of similars, some without any apparent knowledge of the origin on the part of the writer, others with the ear marks so plain that it is difficult to conceive an author so audacious—the audacity being a direct result of the knowledge that his confreres will not be sufficiently familiar with homeopathic writings to recognize the plagiarism.

It is a peculiar fact, but nevertheless a fact, that no amount of plagiarism by old school therapeutists can result in the homeopathic application of drugs without a careful individualization of cases which the old school man never makes. Some years ago Dr. H. C. Wood of the universivty of Pennsylvania investigated (?) a homeopathic remedy, rhus toxicodendron, in rheumatism, by giving it to a large number of consecutive cases, "and found it exceedingly uncertain in its action." There is not a drug in the homeopathic materia which, if prescribed for one hundred consecutive cases of any disease, would not be "found exceedingly uncertain in its action;" on the other hand there is not a well proven drug in our materia medica which, if prescribed according to certain rules recognized by homeopathic physicians, will not prove certain in its action.

The first of these rules is "the selection of the remedy according to the totality of symptoms."

This means that a careful and systematic examination of the patient must be made. The totality includes every change of the state of body and mind that has been observed by the patient's friends, himself, or can be discovered by the physician; it includes every subjective symptom that the patient can define, and every objective symptom the physician can discover with his senses aided by diagnostic instruments. Having obtained all data bearing on the departure from health, the interpretation of this totality is next in order. In this interpretation it should be remembered first that "the modalities of a drug are the pathognomonic symptoms of the materia

medica." By the modalities we mean symptoms which may, of themselves, be of no special value, but which become valuable or characteristic by their conditions of aggravation, or amelioration, as the effects of heat, cold, time of day, weather, motion, rest, etc. One would not think of rhus in any disease where the patient wanted to lie perfectly still, nor of arsenic where there is no anxiety with the restlessness.

Second in importance are the mental symptoms. These are important both in the selection of the remedy and from a prognostic point as well; a mental improvement frequently presaging a bodily improvement. Third in import, are the first, or oldest, symptoms. This is particularly true in chronic diseases. The study of the symptoms present in the early history of the disease will often lead to the proper remedy when the neglect of such study may mean failure. Fourth, etiology. The cause of disease should always be considered in connection with your prescription. Following these in their order of importance in your interpretation of the totality should come late symptoms, functional symptoms, pathology. We thus see we have to deal with totality of quality, rather than of quantity, to make a successful homeopathic prescription.

The single remedy is a necessary corollary to the similimum. Our remedies are proven singly. We have no knowledge of the symptomatology of two or more remedies given at one and the same time, consequently we can have no knowledge, homeopathically, of the therapeutic action of two or more remedies given at the same time. To alternate is an expression of ignorance of the similimum on the part of the prescriber. Unfortunately, in the medical as in the Christian world, there are many sinners.

The giving of two or more remedies at one time is known as the shot gun prescription, and is done with the hope that if one remedy does not suit the case another may. It is unscientific, a habit easily acquired and hard to overcome, and should be strongly guarded against by all who would be really successful in curing disease.

The Minimum Dose—If one were to judge from the amount written about the small dose by our opponents he

would suppose that "homeopathy" and "small dose" are synonymous, when the fact is that the small dose is simply an incident and has nothing whatever to do with the homeopathicity of a prescription. A full dose of the similimum is just as homeopathic as a small dose, though, with few exceptions, not nearly so effective. Hahnemann, in his early practice, used the full dose of his time, but he soon learned that patients were over susceptible to action of remedies prescribed according to similia. The patients were cured, but the first effect of the remedy was an aggravation of the condition. This led to a diminished dose and finally to the potentization or trituration of drugs to an extent never before dreamed of, until nothing in homeopathy has given rise to so much controversy among its physicians, nor to so much ridicule from other schools of medicine, as the size of the dose. Computations of the oceans necessary to run up some of the higher potencies has been a favorite pastime for many a medical tyro, and also for many a would-be dictator in medicine, but the subject of potency is not yet settled and will not be by anything I may say. All who have tried the potentized drug, prescribed according to similia, are convinced that an inconceivably small dose is wonderfully effective, but the extent to which the potentization should be carried is a disputed question that will not be settled by the ridicule of our opponents, who are not in a position to speak intelligently on the question, nor by the exclusively high or low potency man. Personally, the writer uses either high or low potency, and even the crude drug, with equal confidence, selecting according to the case and the remedy used.

Now, just a word in conclusion, as to our position in medicine. As has been shown, the homeopathic physician is not limited in his use of accessories. He is at liberty to use any and everything worth using in other schools and in addition to it has the law of similia as his therapeutic guide. He has learned from experience that this is so much better than other schools have to offer that he can safely and with advantage discard much that they use. Our duty is to stand side by side with members of the predominant school in matters of common interest and public good. We have too many interests

in common to do otherwise. We should give them credit for the honesty of purpose which we claim for ourselves. In addition to this we owe it to ourselves and to the world to maintain our integrity, our separate existence, until other schools shall adopt the law of similia, or show equal or better results from other resources.

CORPULENCE.—SOME SUGGESTIONS.

Corpulence is due to an excess of hydro-carbon in the system. All oleaginous food, as fat meat, butter, gravies, milk, nuts and Indian corn, is a direct contribution to obesity. In addition to these the hydro-carbons are elaborated in the system by the starch and sugar of bread, potatoes, rice, tapioca, arrow root, and various other vegetables, fruits and roots. Alcoholic stimulants are favorable to the deposit of fat, and the exact opposite—to wit, the free use of drinks—is still more conducive to corpulence. If a man could live wholly on nitrogenous diet, confining himself to those azotised principles, fibrine, albumen, and caseine, which go to renew the waste of tissue, and are not convertible into fat, he would soon become as lean as he could desire. But these principles cannot be obtained in ordinary food, and if they could be, the diet closely maintained would, after a while, be fatal to the system. Some approach to it, however, may be made, and this is recommended to all who suffer from excessive corpulence. The normal diet of one in perfect good health would be one of the nitrogenous principles to five or six others. A reduction of the latter so that the proportion shall be one to three, will make a very poor perceptible change in the physical condition. To effect this, let the diet be lean meat (no pork), lean fish (no salmon), cheese, peas, beans cabbage, turnips, and acidulous fruit. Avoid farinaceous food, including bread, pastry and potatoes,, and all fats (butter especially) and sweets, saccharines of all kinds being especially fattening. Drink claret (with little or no water), and other sour or light wines, and if flour is used at all let it be in bread toasted very dry. A perserverance in this diet will inevitably reduce the avoirdupois of any human body.—Health.

PNEUMONIA FOLLOWING LA GRIPPE.

BY L. C. McELWEE, M. D., PROFESSOR OF CLINICAL AND OPERATIVE GYNECOLOGY, HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI.

Probably one case out of every twenty cases of la grippe as they come, and possibly one case out of every ten in people after the age of fifty, suffers from pneumonia after being thoroughly infected with grippe. In these latter cases the danger is great and the percentage of mortality is enormously high. The cases seem to go from bad to worse, and do what one may, as a rule, the cases terminate fatally. The chief difficulty seems to be with the pneumogastric, as the heart beat gets very rapid, and consequently weaker, and the ciliated epithelium of the bronchia becomes so insensible as not to throw off the mucus as it accumulates, thus interfering with the proper aeration of the blood and all oxidization and proper metabolism. The question of the hour is, what shall we do to save them when we get patients like these? Of course, we must apply the indicated remedy as nearly as possible, and if it is sufficient, all well and good, but it sometimes happens that no difference how well we seem to have the symptom group matched by the remedy, we do not "get the answer" we seek, or if we get a partial result, the entire case does not clear up as we should like, and there is a trace of a cough left and the patient becomes rapidly tired and exhausted on slight exertion, and perspires easily with sweats at night which they call "night sweats," and immediately jump to the conclusion that something worse is coming, i. e., phthisis, and in a number of cases, unfortunately, their fears are too well grounded. Although psor., calc c. and bryo. may cover the cough and sweat symptoms, and digitalis the heart symptoms, the nutrition seems to suffer. Some artificial food or chemical nutrient is often of the greatest assistance to our remedies in the way of adjuncts. Thus when a patient comes to the physician with a hacking cough and who is losing weight, and appetite poor,

with sweats at night, as soon as he goes to sleep, we "size up" his financial abilities and if able, recommend that he go to the gulf coast of Florida or southern California near the coast to avoid "colds" from frequent changes of temperature, and where they can stay out of doors practically all the time.

But in case the change of climate cannot be had, then the patient must be instructed to avoid as much as possible sudden variations of temperature and promote the general nutrition of the body as much as possible. As a means to that end, in addition to whatever the patient will eat, and can digest, of ordinary food, the exhibition of Hagee's Cordial of Codliver Oil after meals for several weeks is productive of good results. On account of the presence of all the active principles of codliver oil in the above preparation, nutrition seems to begin again with its pristine vigor, flesh is taken on and the impending calamity is averted.

1221 North Grand avenue.

VIRTUES OF SPIRIT TURPENTINE.

Spirit of turpentine, simple as it is, is one of the most valuable articles, and when it has once obtained a foothold in a house it becomes a necessity, and could ill be dispensed with. Its medical qualities are very numerous. For burns it is a quick application and gives immediate relief. For blisters on the hands it is of priceless value, searing down the skin and preventing soreness. For corns on the toes it is useful. It is good for rheumatism and sore throats, and is the quickest remedy for convulsions or fits. Then it is a sure prevention against moths. By just dropping a trifle in the bottom of drawers, chests, and cupboards, it will render the garments secure from injury during the summer. It will keep insects from closets and store rooms, by putting a few drops in the corners and upon the shelves. It is a sure destruction to bed bugs, and will effectually drive them away from their haunts if thoroughly applied to the joints of the beadstead in the spring-cleaning time, and injures neither furniture nor clothing.—Health.

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

PROVING DRUGS ON THE HEALTHY.

This is one of the cardinal principles of homeopathy. It is by this means that the true action of drugs on the human system is ascertained.

Eminent physicians of the old school not only approve of this method, but even go so far as to say it is the only method of finding out, accurately, the real therapeutic value of drugs. Pereira, the great allopathic authority, says of this system of proving drugs: "The homeopathists assert, and with truth, that the study of the effects of medicines in the healthy state is the only way of ascertaining the true or pathognetic effects of medicines, since when we administer our remedies to invalids the symptoms of the natural disease then existing, mingling with those which the medicinal agents are capable of producing, the latter can rarely be distinguished with any clearness of precision."—Homeopathic Pamphlet, Series No. 1.

Professor H. C. Wood, in the preface to his Treatise on Therapeutics, in speaking of the experimenting on the healthy with drugs, says: "It is certain that in these experiments is the only rational scientific ground work for the treatment of disease."—Ibid.

The last issue of the Medical Century says editorially:

The necessity of proving drugs on the healthy human body rather than on animals we believe has not been properly brought to the notice of those who are spending money in founding laboratories of research throughout the country. It would be a very easy matter to do this, to show them the differences between men and animals and at the same time to show that it could be done in safety, for the danger of such experimentation is often exaggerated in the minds of those unacquainted with the procedure. If all this can be made clear to our moneyed men, and the greater benefits to be derived therefrom explained, the money would be forthcoming.

B.

THE OLD VS. THE NEW.

"Medical history shows that from the earliest times until the era of homeopathy there had been little if any improvement in the practice of medicine. When Hahnemann began practicing in 1780, blistering, purging, vomiting and bleeding—especially the latter—were the order of the day. So disastrous was this mode of practice that medical writers of all later times have strongly condemned it. Bichat, one of the most renowned men in medical history, said of it: "It is not a science fit for a methodic mind. The materia medica is naught but a monstrous conglomeration of erroneous ideas." Dr. Mason Good, a distinguished medical author, coming later, wrote: "The science of medicine is a barbarous jargon, and the effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence and famine combined." Many others committed themselves in the same strain, among them Dr. Krueger-Hansen, an eminent authority, who wrote: "Medicine, as now practiced, is a pestilence to mankind. It has carried off a greater number of victims than all that murderous wars have ever done." Such testimony abounds in medical literature. Surely, things had arrived at such a pitch that they could not be worse. "They must either end or mend."—Homeopathic Pamplet, Series No. 1.

The February Medical Century says:

The so-called "regular" school are certainly regular in one thing, namely, changes in their methods of treatment. Not so very many years ago it was blood-letting, calomel and jalap for all diseases, a little later the coal tar products, and to-day serum therapy seems uppermost, to-morrow, Lord knows what will be the fad. We of the homeopathic school are content with the working of our law, which has been tried for a hundred years and not found wanting; we are still treating and curing our patients as did our fathers and grandfathers and as we believe our children will do, unless they be led to fall

down and worship the false gods of allopathy on account of the desire for a change and the novelty of a new god for each day. We know that what was curative then will be curative to-day and forever. The results of our investigations are positive and as unchangeable as is the law of gravitation. B.

There seems to be a revival of faith in similia. The columns of the homeopathic journals everywhere show this. Not that this faith was ever gone from the minds of homeopathic practitioners, but only measurably silent, awaiting a new expression for the generations of the new century. Let the new faith develop into such a general renaissance that physicians of all schools, everywhere, may be led to investigate similia, "not to contradict and confute, nor to believe and take for granted—but to weigh and consider!" B.

READY TO ADOPT SIMILIA.

At the last semi-annual meeting of the Connecticut Homeopathic Society, Dr. George F. Laidlaw of New York read a paper on "The Progress of Medicine in Fifty Years." He concluded by saying:

"When the old school societies announce that they stand ready to receive us with open arms if we will drop the sectarian name, we reply that there is no need of our going to them. Their therapeutics are coming to us so fast that all we have to do is to sit still and prepare for the shock. When we can use their text-books in the teaching of our materia medica, the union of the schools is not far off. It will come as all other medical reforms have come. First, the facts are accepted, then the theory, and in that day the homeopathic school will find itself united with the rest of the profession, its work accomplished and leaving an honorable name."—The Medical

FOR RHEUMATISM.

To Dr. Gatchell belongs the honor of having first pointed out the homeopathicity of antitoxin treatment.

The prevalent theory of the etiology of rheumatism is its bacteriological origin. I would like to prophesy that it will be found that salicin and its compounds do the work of the specific antitoxin developed by the system to combat the toxins of rheumatism. I understand that the action of quinine in malaria is thought to be directly upon the microscopic invader; the control that quinine has upon malarial phenomena is paralleled by that of salicin upon rheumatic phenomena.

Each remedy is useful in its own field; its abuse does harm and produces new phenomena, those of the drug; neither drug supplants the homeopathic remedy, nor when properly used interferes with its work.—Dr. J. P. Cobb in Medical Century.

AGAINST ANTITOXIN.

Dr. W. B. Carpenter of Columbus, Ohio, in the Medical Century, protests against the use of antitoxin. These are the points in his protest given in his own words:

First—Because it is an unknown agent.

Second—Again, I protest against antitoxin as we know it because it is a dangerous agent for internal use.

Third—Again, I protest against antitoxin as we know it because it has not given the measure of success warranted by its claims, showing a lack of merit in the drug or a lack of knowledge on the part of the prescriber.

Fourth—Again, I protest because it is not a proved remedy, in the true homeopathic sense, and it will never be known or manageable until it is.

Dr. Carpenter discusses these objections in full, closing with this paragraph:

My contention is not that it has not done and cannot do any good, but that it has within itself so many elements of

weakness, crudeness and danger that as antitoxin it must soon be superseded by something that will more safely and surely accomplish the work that this agent proposes to do. But be assured that no agent, no matter how well attested by laboratory research and experiment alone, will ever be found to cure diphtheria in the human being. The individual sick must be reckoned with, and no one agent will ever be found to cure all cases, even though seen in any early stage of the disease. Of the combination we have been considering the serum element may be discarded as containing too many elements of danger. The carbolic acid is a remedy that has a definite symptomatology, and ought to be more carefully considered when dealing with this dread disease. The toxin element should be more thoroughly proven, as has been done with the nosodes, psorinum and hydrophobinum. Then, as diphtherinum, our materia medica will possess another powerful remedy for some of the acute stages and chronic effects of malignant disease.

On the whole the paper is quite a strong and convincing one. B.

AGARICUS IN CHOREA.

A boy aged twelve, without any known cause, was taken with a severe case of articular rheumatism, which commenced in the lower extremities and run the usual course up to the end of the second week. A mitral insufficiency, so marked that there was a distinct and prolonged blowing sound at every systole, made the prognosis unfavorable.

The third week choreic symptoms set in, involving the right arm and hand, and extending to the shoulder and face and even to the throat, so that distinct speech was impossible. He could not speak more than two consecutive words with sufficient plainness to be understood. There was much twitching of the face, and swallowing became difficult.

A troublesome cough also developed and there was consid-

erable dyspnea at times. Temperature ranged from 101 to 103, the pulse from 120 to 135. As these grave symptoms set in the rheumatic pains gradually disappeared. The heart's action continued to be rapid.

The remedies used had been aconite, belladonna, bryonia, rhus and spigelia, as indicated. At this juncture agaricus 1x, five drops every three hours, was given, with directions to have the patient rubbed in oil night and morning.

In forty-eight hours the choreic symptoms had very nearly disappeared, and in every way the conditions were very much improved. At the end of one week after beginning the agaricus the temperature ranged from 99 to 100, but the rapid pulse continued.

At the close of the fourth week the improvement continues and bids fair to go on to complete recovery, save the valvular insufficiency. This was probably the result of a severe attack of diphtheria when the patient was four years old, and for the relief of which a lower altitude must be sought as soon as he is able to be moved. B.

DANGERS OF BLISTERS.

Dr. Burchard entertains the following opinions concerning blisters:

First—They often produce an open wound, which facilitates secondary infections or the absorption of cantharides.

Second—Besides the tending to cause inflammation of the kidneys and bladder, they have a general congestive action.

Third—Even in those diseases where they are most frequently used, such as pneumonia and pleurisy, they should be discarded, because though they increase pulmonary ventilation, they increase also pulmonary congestion.

Fourth—Blisters tend to arrest excretion by the kidneys, so important in all infectious diseases, and this is especially harmful in these, normally causing albuminuria. Instead of aiding the excretion of toxines, blisters are likely to produce a fresh intoxication.

Fifth—The only real use of blisters is in their revulsive and analgesic action, but this effect is better attained by less dangerous means, such as mustard plasters or cold baths.—Health.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA, DENVER HOMEOPATHIC COLEGE.

Query—Why does the "indicated remedy" fail? The editor of this department would like to get the opinion of as many homeopathic physicians upon this subject as will kindly forward the same. Please address 404 California building.

"MATERIA MEDICA SNAP SHOTS."

It is claimed that sulphur, 2 or 3 x, in drop doses, is almost specific for constipation of parturient women.

Cactus grandflorus 6 x, 5 drops in 10 tablespoonfuls of water, and one tablespoonful taken every two hours, is praised highly for relieving painful menstruation.

It is wise to note that some patients cannot take nux vomica in the evening, even in high potencies, without losing their sleep or being troubled with nervousness and vivid dreams.

If in scaraltina the skin be rough and swollen around the small hairfollicles, which may easily be noticed in passing the hand over the surface, then dulcamara should be preferred to belladonna.

Cocculus is closely related to nux vom. If nux fails to remove nervous gastralgia in irritable women, then give cocculus. It will also remove the peculiar weakness of the lower extremities, so often remaining after severe illness, being undoubtedly a result of spinal irritation.

Three thousand years ago helleborus niger was considered a most prominent remedy in the Greek materia medica. The Greeks used it under the name of melampodium, as it was Melampus of Pylos who first introduced it. They used especially the roots of the poisonous weed, which grew abundantly at Antikyra, near the Gulf of Malea and at Oeta. With it

Melampus cured the insane daughter of King Proctus. As to-day helleborus is considered to be one of the most important of homeopathic remedies for mental derangements at time of puberty, it shows that homeopathic cures were made at least 3,000 years ago.—A. R. F. Grob, M. D., in the Medical Magazine, February, 1902.

OLD BUT GOOD.

Marrubium—Dr. E. W. Bloyer in the Eclectic Medical Journal speaks succinctly and interestingly of marrubium, which will be better understood by those of us who are not eclectics—in name—as the old-fashioned hoarhound. He says: says:

"As a remedy it is said to be of special value in the treatment of chronic cases, such as chronic bronchitis, laryngitis, rheumatism, dyspepsia and hepatic disorders. Everybody knows hoarhound as a simple remedy of greater or less value in pulmonary affections of various kinds. We would much prefer to give our patients, and take ourselves, a syrup of hoarhound for coughs, colds, chronic catarrhal troubles, and even for phthisis pulmonials, than some of the very modern and scientific microbicides like creosote.

"A hot infusion of marrubium will generally cause diaphoresis and relaxation, and will frequently prove a pleurisy remedy in colds hoarseness, asthma, amenorrhea, hysteria, etc., and its pronounced diuretic action makes it very valuable in some cases of fever, kidney troubles, jaundice, etc. The cold infusion is perhaps the better when we hope to secure the tonic effects, as in chronic dyspepsia and the like. This latter is also recommended as a mild vermifuge, and as a remedy in mercurial salivation. Think of this simple old remedy, and give it instead of the new-fangled ones. The dose of the specific medicine is from one to ten drops every half hour or hour, in plenty of water."—American Physician, February, 1902.

WHAT IS A DUDE?

Answer—A thing so inconsistent with American institutions that it should never have been born in America.

CLINICAL MEDICINE.

Reverberation of voices, phosphorus; of sounds, rhododendron.

Raw cabbage is a valuable article of diet for diabetics.

For tinnitus aurium in gouty or rheumatic subjects give cimicifuga, gtt. v, t.i.d.

Natrum phos is good for hepatic disorder caused by coffee—sour taste, jaundice, lassitude.

Diabetes has been cured by sulphate of soda for three weeks followed by a potency of natrum sulph. for six weeks.

Adrenalin revives heart action depressed by chloroform or ether. Half a drachm of 1-5,000 solution poured upon the tongue.

For sudden vertigo, even to falling, with the sense of having received a blow—give chenopodium. Chenopodium has "great sensitiveness to bell," is less deaf to a bell than to other sounds; the higher notes are disagreeable.

Hay fever symptoms—violent coryza—have been caused by spraying the nose for a few days with adrenalin. Suprarenal extract has caused persistent sneezing; also in some hay fever patients violent pain in the upper part of the nose.

Copper as an Oxytocic.—Dr. Laidlaw directed the attention of our New York state society to the great value of Rademacher's "tincture" of acetate of copper (ten or twenty drops in a glass of water, two teaspoonfuls every half hour) when labor pains are slight, inefficient or absent. Emphasis was laid, in the discussion, upon the necessity first to ascertain the cause of this condition of the patient. In almost every case it is due to some physical condition which can be remedied by mechanical means.—Drs. Moffit and Garris in North American Journal of Homeopathy.

A LEADER—ARGENTUM NITRICUM.

Rena Spalding, fourteen years of age, blue eyes, dark hair and very rosy complexion, no menstruation; began while in

school to grow languid, lose color and appetite, and became very irritable and nervous. She also emaciated greatly and weakened in the legs, which trembled when she walked so that she could not walk up town, which was only a short distance. On these symptoms she received phosphoric acid, as she had been growing quite tired with all the rest. It did not benefit her in the least. I tested the urine for albumen and sugar. Found none. What was the matter? That she was going fast into a serious decline was too evident. She received helonias, with which I had sometimes benefited such cases at her age and with similar symptoms. No result. Finally I learned that notwithstanding her loss of appetite for food in general she had an irresistible desire for sugar. Her mother had to hide the sugar bowl and stop making sweet cakes, as she was convinced that this was an abnormal hunger, and knew she continued to grow worse, even if she did eat such things. I gave her a dose of argentum nitricum 200th. The improvement following was simply astonishing. Every untoward symptom vanished, and within a month's time she was the healthiest appearing girl in town.

An examination of argentum nit. will disclose the fact that all her symptoms were covered by that remedy. But there are other remedies that cure all but this one just as well. This case is reported not only as a case of remarkable cure with a potency, but to impress upon all the value of what are called in the Organon peculiar and characteristic symptoms (Organon, p. 153). Also to prove that it is not necessary to name a disease condition in order to cure the patient. This is of immense advantage, for it answers in a very satisfactory way the question, "When doctors disagree who shall decide?" for we can often decide as to what will cure by making the symptoms of the case correspond to some one remedy in our vast materia medica.

Now, while other remedies have desires for sweets in various forms, such as china, lycopod. and sulphur, only this one has pathegonetically and curatively in just these words, "irresistible desire for sugar."

I omitted this symptom in my "Regional Leaders," but did not do so in my "Leaders in Hom. Therapeutics." These vagaries of appetite are often the keynote to the remedy indicated in a case; for instance, calcarea phos., desire for salted and smoked meats, ham, bacon, etc.; chilrden cry for ham rind (Caust.).

Tart. em. Desire for fruit and sour things (Hepar, Verat.).

Calc. ost. Longing for eggs, particularly with children in sickness or during convalescence.

Nit. acid. Longing for fat, herring, chalk, lime, earth, etc.

Alumina. Wants starch, chalk, charcoal, coal, coffee, tea grounds, indigestible things.

Longing for salt or salt things, Carbo v., Nat. m., Phos., Verat. alb.

The aversions are just as strong, and often lead to a choice of the remedy.

I will not undertake to enumerate them here, and only write to emphasize the value of symptoms of this class, and especially to encourage the younger members to a more diligent study and appreciation of our materia medica from a symptomalogical standpoint. I realize the importance of this, not only because discredit is being thrown upon our provings by some, but because the older I grow and the more exact I apply drugs to the healing of the sick according to the rules laid down by Hahnemann the more I am satisfied of their truthfulness.—E. B. Nash, M. D., in The Homeopathic Recorder, February, 1902.

COFFEE INTOXICATION.

The Medical Times contains the following statement from Miss Ward, who writes from Brazil: "The whole country is perpetually in a state of semi-intoxication from coffee—men, women and children alike; and to babies in arms it is fed from a spoon. It is brought to your bedside the instant you are expected to drop asleep at night, at meals and between meals. The effect is plainly apparent in trembling hands, twitching eyelids, mummy-hued skin, and a chronic state of excitability worse than that produced by whisky."

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

SURGICAL HINTS.

In the presence of a compound comminuted fracture of a limb, the question of immediate amputation is often dependent upon the probable length of the limb after the fragments shall have been removed. If the amount of shortening is to be such as shall prevent the muscles from acting properly, amputation is advisable rather than attempts, always uncertain at best, to save the limb.

For the treatment of chilblains try painting the affected parts with balsam of copaiba. It is an old remedy that seldom fails.

In pelvic abscess reaching low down in the pelvis, opening through the vagina is the proper procedure, as there is less risk of general infection, and drainage is efficient.

It is said that the pus of gonorrheal vaginitis is always alkaline. If for any reason a microscopical examination cannot be made, the use of a strip of litmus paper will, therefore, give a fairly accurate decision.

It is well to remember in bullet wounds pain is not usually a very marked symptom. If the wound is received during a period of excitement, it may give hardly enough pain to cause the subject to know he has been wounded. If there is any pain, it is apt to last for a short time only. This absence of suffering may mislead the surgeon into a failure to recognize the gravity of the injury.

Hemorrhage from a gunshot wound is usualy very slight unless a large vessel has been torn or cut across. Marked bleeding from such wounds, therefore, usually calls for enlarging the opening and searching for the injured vessel.

In children, in the differential diagnosis between fractures and dislocations, it is always well to remember that the latter are very rare in childhood because the muscular power of

children is comparatively small, because of the presence of epiphyseal cartilages, and because the soft parts about the joints are so soft. They are also uncommon in the old, because here again the muscular power is diminished and the bones are more brittle.

By far the most effective treatment for erysipelas of the face consists in the constant application of ichthyol dressing. But however limited the disease, and however well the patient appears to be doing, the surgeon must be constantly on the watch for the possible appearance of cerebral complications, whose onset may be very rapid and the termination of which is often fatal. Hence always forbear to give a good prognosis in these cases until the patient has practically recovered.—International Journal of Surgery.

TO PATIENTS AND THEIR FRIENDS.

Never forget to warn your patient that a Colles fracture, even when treated with the greatest care, leaves some deformity.

Never forget to warn a case of fracture of the patella that the fragments tend to separate.

Always warn your patients that there may be loss of power of deltoid after dislocation of shoulder if much pain is experienced, i. e., the nerves have been pressed upon.

Always warn the patients or their friends of the possibility of suspension of growth in injury to an epiphyseal cartilage.

Never forget to warn the parents of a hare lip that one operation is usually inadequate.—Medical World.

VOLUNTEER MEDICAL ASSISTANTS.

If you can possibly help it, never allow relatives or other outsiders to be present at an operation. They are in the way, are apt to touch instruments and dressings, and occasionally

vary the monotony of the proceedings by fainting at most inconvenient times. If you are compelled to employ their assistance, you will commonly find that the women of the family make better assistants than the men.—Medical Record.

FORMALIN IN GLYCERIN.

Jordan (Lancet, February 16, 1901), states that the irritation caused by formalin may be overcome to a great extent by using glycerin instead of water as a medium. For ten months he has used a mixture of formalin in glycerin, from one to four per cent. This preparation is useful as an application to the throat, as a mouth wash, as an application to the skin and as a urethral injection. The author believec that in follicular tonsilitis, formalin is almost a specific. The mixture (two, three or four per cent.) may be applied with an ordinary pharyngeal brush. No drink should be taken for from a half hour to an hour after the treatment. After this a simple gargle containing potassium chlorate is all that is necessary. In aphthous stomatitis and thrush a two per cent. solution should be used and followed by glycerin and boric acid. In ulcerative stomatitis the following combination is recommended:

℞

Formalin	1 part
Iodin	2 parts
B. Eucain	2 parts
Glycerin	To make 100 parts

With this and the internal administration of potassium chlorate good results are obtained. Formalin is useful in all parasitic diseases of the skin, especially ringworm. The whole area should be thoroughly cleansed with turpentine, followed by soft soap and water, and four per cent. formalin in glycerin rubbed carefully into the part. The application does not require repetition. The author has never known it to fail. He is not so confident in recommending formalin for general use as a urethral injection.—American Medicine.

FOREIGN BODIES IN VERMIFORM APPENDIX.

An interesting study of the relative frequency of foreign bodies in the vermiform appendix is presented by Dr. John F. Mitchell in the Johns Hopkins Hospital Bulletin for January, February and March, 1899. Of 1,400 cases of appendicitis collected from various sources in the last ten years he found only seven per cent. of true foreign bodies, while in 700 of the cases, in which a definite statement was made as to the nature of the foreign body, there were forty-five per cent of fæcal concretions. In 250 cases of appendicitis in the Johns Hopkins hospital, in the past ten years, there was only one foreign body, a segment of tapeworm. Osler, in ten years' experience in Montreal, found foreign bodies only twice; in one instance five apple pips, and in another eight snipe shot. The most common foreign bodies have all been gall stones, round worms, spicules of bone, bristles and pins.

Pins have been especially frequent. Mitchell has collected twenty-eight cases in which a pin was found in the appendix at operation or autopsy, together with two instances in which a pin had perforated the cæcum. It seems remarkable that in no single case was there any knowledge of a pin having been swallowed. Contrary to what might be expected, they occurred more frequently in males than in females (males, seventeen; females, nine). The resulting appendicitis was of a very variable type. In some cases the symptoms were mild, leading to chronic appendicitis, with recurrent attacks, or with long-continued pain, and, perhaps, finally ending in an abscess. In the majortiy of cases, however, there was rapid perforation and abscess formation following the first appearance of symptoms.

The pin entered the appendix by its head or point, and, except in one or two instances, where it lay directly across the lumen, it was straight with its long axis parallel to that of the appendix. In seven of the twenty-eight cases the appendicitis was associated with abscess of the liver.—University Medical Magazine.

INTRA-CAPSULAR FRACTURE OF THE FEMUR.

This old lady fell down stairs two months ago and sustained an intra-capsular fracture of the left femur. It has failed, as usual in these cases, to unite. There are several reasons given by authorities for the failure of these fractures to unite, but there are two chief reasons, I think, and one of them is such a good one that it seems to me we need not look for others. I refer to solution of callus in the synovial fluid. There is such an abundance of synovial fluid in the capsule of the hip joint that exuded lymph for callus must of necessity be quickly thinned and taken away from the seat of fracture, in accordance with the ordinary law of diffusion of liquids. Another explanation for non-union in these parts is the fact of the disappearance of the ligamentum teres in elderly people. The ligamentum teres carries blood supply to the proximal fragment, and we lose the benefit of it after absorption of the ligament, but this is probably a minor point in comparison with the diffusion of callus in synovial fluid. We shall probably obtain a good femur for this old lady, but I prefer to do the operation, as a rule, shortly after the receipt of the injury before the patients have lost much strength. I make a curved incision over the great trochanter, and including the capsule of the hip joint in the convexity of the curve. Dr. Gribbon holds the rectus femoris and the tensor fasciæ latæ muscles out of the way with a retractor, and I cut through the capsule. The site of the somewhat oblique fracture is now in plain view. The faces of the fragments are freshened with a chisel. A silver spike is driven through the trochanter in such a way that it traverses and transfixes both fragments. This spike will be left permanently. I do not suture the capsule, because I wish to have the synovial fluid drain out into the wound tissues for a few days. The skin flap is replaced, and the incision of the skin closed without drainage. A Bucks extension apparatus will be applied to overcome the effects of muscular spasm. I prefer sand bags to splints for the after treatment of these cases. The patiet will be kept in bed for six weeks.—R. T. Morris, Post Graduate.

THE CRITIQUE.

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EDITORIAL COMMENT.

PROFESSOR LOEB'S DISCOVERIES.

Mr. Carl Snyder, in McClure's for March, gives an exceedingly interesting and graphic account of Dr. Loeb's recent experiments under the title, "Bordering the Mysteries of Life and Mind." He very cleverly elaborates the paper read at Chicago by Dr. Loeb bearing upon the arrest of death and the prolongation of life. The startling results observed by Dr. Loeb in his experiments upon the lower forms of life seem to show that vitality and electricity are identical. His experiments demonstrated also that it is possible to produce living beings artificially. Taking the unfertilized eggs of some lower orders of animals, he made them fruitful eggs by the use of chemical agents.

Among many curious preliminary experiments mentioned is one in which it was found that a beheaded jellyfish would renew its living contractions when placed in a solution of common salt. This led to the idea that the rhythmical beat of the heart might be similarly revived by the salt solution, and this result was actually obtained. It was found that an excised heart could be kept beating for hours, stopped, started,

quickened or slowed, simply by changing slightly the chemical character of the solution. In the same way it was found that an ordinary muscle could be made to beat in rhythm.

As Mr. Snyder suggests, these discoveries seem to topple the whole structure of our ideas of life and open the way to a new physiology and a new chemistry.

ELECTRICITY AND LIFE.

"It was clear now that the beat of the heart is not due to some mysterious influence of the still more mysterious nerves, as had so long been supposed. It comes from the presence or absence of a minute quantity of certain salts. The new chemistry stepped in to show precisely how these may act.

"A lump of common salt dissolved in a vessel of water makes the water a conductor of electricity. Two ends of a copper wire dipped therein start an electric current. A lump of sugar has no such effect.

"This was for half a century one of the deepest problems of chemical philosophy. It remained so until the distinguished Swedish physician, Arrhenius, brought forward evidence to show that the molecules of the salts and acids are torn apart when they are dissolved, and apparently with tremendous force. We are but on the threshold of a knowledge of the actions which take place in the molecular world; in some instances, as in the case here under view, it seems as if these forces are so great that we have scarce any means of coping with them.

"The effect in dissolving the salts is an enormous electrical charge on the individual atoms. In the tearing apart, one set is charged positively, the other negatively. In the case of ordinary salt, sodium chloride, the metal atoms (of sodium) take the positive charge, the chlorine atoms the negative. These electrically charged atoms, long before their nature was understood, Faraday named ions.

"This simple conception has revolutionized modern chemistry. In the famous phrase of Arrhenius, 'It is the ions which act.' And it is the ions which may cause the heart or a muscle to contract. The negative charges set them going. The positive charges stop them. Such, in an extremely popular pre-

sentation, is the essence of the discovery which Dr. Loeb—justly, it would seem—regards the most important of his life. The ultimate cause of muscular action, and it now seems probable, of life processes, is electricity."

Dr. Loeb finds that the chief role of food is not to be digested and "burned" in the muscles and organs, as present-day phisiology assumes, but to supply ions. The heat developed is a by-product. The chief action is the production of electricity. The body is in some sort a dynamo. Food, then, is of value according to the amount and kind of electricity it affords.

As to what the experiments have thus far shown, Professor Loeb says:

"We may now be able to understand why the electrical current is the universal form of stimulation, and why the ions, on account of their electrical charges, are equally as well capable of altering the physiological properties of the tissues as the galvanic battery.

"The thermodynamic theory of life phenomena has utterly failed to show how thermal energy, produced through the splitting up and oxidation of foodstuffs, can lead to muscular contraction. There is a distinct possibility that part of the chemical energy, or, in other terms, the ions, formed in metabolism play a role in the dynamics of life phenomena.

"The fact that ions may act toxically through their electrical charges, and that ions with the opposite charge may act antitoxically, may open a new and very fertile field for pathology and therapeutics.

"My work in parthenogenesis made it clear that while ordinarily the unfertilized eggs quickly die, simply by normal or chemical fertilization they live. It seems as if there were two distinct processes going on. Death and disintegration are not a mere breaking down, a going to pieces, but a specific process that is checked by the life process.

"But if such a 'mortiferous' action really exists, perhaps it could be checked chemically as well. That is what I tried to see. I chose potassium cyanide, and found that if the unfertilized eggs were placed in a weak solution they could be kept

alive for seven days. If, then, the cyanide be allowed to evaporate, the eggs may be developed in the normal way. If seven days, then it is a mere matter of experiment to produce a condition of equilibrium which will endure indefinitely.

"It seems paradoxical that life may be thus maintained by a powerful poison; but if, as I say, we conceive of a specific mortal process which may be held in check, and regard the potassium cyanide as substituting a condition of suspended action, the matter seems clear."

HOMEOPATHIC SOLIDARITY.

Professor Sheldon Leavett has placed in the hands of the profession a reprint of his paper which was read before the International Homeopathic Congress, Paris, entitled, "A Plea for Homeopathic Solidarity and Independent Work." The doctor handles his subject well and presents a strong argument for maintaining the independence of our school. With one exception we are in entire accord with the author in his plea, but we cannot help feeling that he passed beyond the proper boundary of his subject when he permitted himself to suggest the introduction of psychology as an ally to the study and practice of homeopathy. Psychology is so purely speculative and fanciful, so devoid of basic principles, so hampered and surrounded with mysticism and uncertainty, that it would better be left, where it properly belongs, in the hands of the metaphysicians and dreamers outside of the medical profession. If the individual doctor thinks he possesses psychological power which may be beneficially exerted upon his patients, by all means let him use it, but under no circumstances should we consent to the introduction of so-called "mental healing" into our colleges.

Solidarity? Yes. Independent investigation? Yes, by all means, but always and at all times along correct scientific lines. In this way only shall we be sure of maintaining our unity and independence.

SCIENCE VERSUS "MENTAL SCIENCE."

In Harper's Magazine for March may be found a very interesting paper by Mr. Carl Snyder on the "Measurements of Science," wherein he shows what remarkable progress has been made, by the aid of scientific machines, in the measurement of phenomena vastly more minute than those appreciable by our own senses. From this he proceeds to make a highly interesting argument against the fallacies of spiritualistic manifestations, "mental science," etc., etc.:

"The eye and the ear have long been regarded as marvels of mechanism, quite the most wonderful things in the world. But compared with the implements of a present day laboratory, the sensitiveness of all human organs seems gross enough. A photographic plate, coupled with a telescope, will reveal the presence of millions of stars whose light does not affect the retina in the least. The microscope, too, with its revelations of the world of the infinitely small, tells us how crude, after all, is this most delicate of the senses. Indeed, we may liken it to a piano where only a single octave, toward the middle, sounds. From the ultra violet to the lowest reaches of the spectrum is a range of some nine octaves of light vibrations, of which, save for our new mechanical senses, we should never have been conscious of but one.

"The ear hears little of what is going on around us. By means of a microphone, the tread of a fly sounds like the tramp of cavalry. Our heat sense is very vague; we need a variation of at least one-fifth of a degree on a thermometer to realize any difference in temperature. Professor Langley's little bolometer will note the difference of a millionth of a degree. It is two hundred thousand times as sensitive as our skin. A galvanometer will flex its finger at the current generated simply by deforming a drop of mercury, or pressing it out from a sphere to the shape of an egg. The amount of work done by a wink of the eye would equal a hundred billion of the units marked on the scale of a very delicate instrument. It is at least ten thousand times as sensitive as the eye or the ear. But even this astonishing performance is far surpassed by the exquisitely sensitive coherers, discovered by Professor

Branly of Paris, by which the Hertz waves of wireless telegraphy are caught in their pulsings through space.

THE VALUE OF INSTRUMENTS.

"The range of impressions which we get from lifting an object in the hands seems rather small. An ordinary chemist's balance is about twenty million times as sensitive. It will weigh down to the two-hundredth part of a milligram.

"Wherever we turn, we shall find instruments which surpass each and all of our senses in a most humiliating way. Without them, we should know very little of the world about us. Lacking them, Sir Isaac Newton knew very little of the world about him. But with them—and this is a capital point—we have come to know a great deal. We have come, for one thing, to see that our senses give us reports only of a comparatively small number of comparatively gross stimuli. Here is a small set of propositions to which I fancy there can, in the light of present knowledge, be very little dissent:

"First—Sensation, thought, or consciousness cannot be demonstrated except as it is associated with the physical substance of the brain and the nerves.

"Second—This nerve substance is the sole path of the mind—it is the mind, and an exterior stimulus can only reach us through the known organs of sense.

"Third—While, on the one hand, we know a great number of stimuli which do not affect any of the organs of sense, but do affect various instruments, there are no stimuli known which affect the sense of organs which cannot be made to affect some instrument in a far greater degree. It is only by means of these instruments that we arrive at any precision and certainty.

"Fourth—If spirits, thought waves, silent healings, or any other of the so-called psychic manifestations can influence human beings, they can also influence delicate machines.

"Fifth—In the absence of such proofs, 'mental science' and all its like are slightly incongruous terms. They are not sciences; they are but dreams."

LET VACCINATORS BEWARE.

A verdict for $1,000 against a physician was rendered a few days ago in a Philadelphia court by a jury of twelve men in the following case:

Dr. H. M. Righter alleges that he vaccinated a child, using every antiseptic precaution. The arm was scrubbed with green soap, washed with alcohol and a solution of bichloride of mercury, and rinsed with boiled water. The operator's hands were sterilized and a fresh point was used and taken directly from its case. Twenty-eight days afterward, it is alleged, an eruption of impetigo contagiosa broke out, the vaccination having healed. Later symptoms of laryngeal diphtheria occurred, and the child died. Dr. Righter alleges that he did not see the child after vaccinating it until called to see the eruption.

Impetigo contagiosa is doubtless seen sometimes following vaccination, but it is known to be due to a secondary infection—just as is tetanus. If a physician uses every precaution he should not be held responsible for such secondary infection, which may evidently occur in some cases without his ability to present it. The exact relationship of the two diseases is thus accidental, but in this case the jury decided that Dr. Righter was responsible, although the evidence does not show in what way. The long interval elapsing after the vaccination is further evidence of a secondary or accidental infection.

In the light of the verdict we do not hesitate to say that no physician who vaccinates a person in this city is now safe. The verdict is particularly deplorable in this town at a time when the medical profession is doing its utmost to exterminate smallpox.

This verdict may remain as a precedent, and it behooves every physician to consider the situation carefully. If such a verdict is to stand, it means that every physician is in jeopardy and that such cases are not to be determined according to the known facts of medical science. We understand that an effort will be made to secure a new trial, and failing that, that the case will be fought in the higher courts.—Editorial in the Philadelphia Medical Journal.

FAITH IN THE EFFICACY OF REMEDIES.

There is much truth in what Dr. Conrad Wesselhoeft has to say regarding the skepticism of students, recent graduates and phyicians, towards the materia medica. He believes that the students should be made to "see and feel" materia medica as they are made to see and fell, as it were, anatomy and chemistry. First of all, he should see, touch and smell of the actual drugs themselves. These he hardly ever sees; all he knows of them is that they are white pellets or color less dilutions. He should see and hold in his hand the plants, the minerals and the animal products from which these substances are derived. He should make the tinctures himself. He should grind the triturations instead of being told that a certain substance is to be ground for an hour with sugar and milk. Then he should use his microscope to see just how far he had succeeded in reducing the substance. Then he should proceed to prove the products of his labors upon himself. Such a student will not lament his want of knowledge. Then the student should not be taught the remedies in alphabetical order. He should not be asked to commit to memory pages of symptoms. He should be taught that if he will acquaint himself with the pathogenesis of one member of a natural order of genus, he will already have acquired some rudiments of the other members of that order or genus. He will see that these substances have many points in common, as well as singular and characteristic effects by which they may be easily differentiated. Then, again, the student should not be taught that the application of the homeopathic law of cure is an easy matter. He must not think that if he simply finds a remedy whose effects correspond to the case to be treated, that a cure is bound to follow, or his first clinical attempts will be very disappointing and discouraging. He should be instructed in the actual and probable difficulties in the way of realizing quick curative results. He should be told of the imperfections with which pharmacy and the art of proving is still beset. That in the nature of the limitations of the human intellect in its attempts to perfect these sciences, imperfections must still hamper hoped-for results. He must not be discouraged by the absence of startling cures. He must be taught how to recognize each imperfection in order to select from among provings that, and that only, which is likely to be reliable.

By promising too much we sometimes drive the beginner to disappointment, and from homeopathy to the other extreme of polypharmacy and nostrum vending.—New England Gazette.

BLOOD AGAINST BACTERIA.

If we inject a culture fluid containing the bacteria of putrefaction into the circulation of a healthy living animal, not only does no increase and no putrefactive change occur, but the bacteria introduced quickly disappear and at the end of an hour or two the most careful microscopical examination will not reveal a single bacterium.—Sternberg.

NOTES AND PERSONALS.

The Critique is sorry to learn of the death of Dr. J. M. Lawrence of Los Angeles of Bright's disease.

The Critique comes along in a spic span new cover. A decided improvement.—Homeopathic Recorder.

Dr. W. D. Howe of Canon City, Colorado, who built a private hospital at that place, has been doing excellent work for homeopathy.

The secular press of the East is full of "The New Cure for Consumption" by the use of high-tension electric currents, 80,000 volts or more. Who wants to take the volts?

Dr. Frederick G. Novy continues to kill the germs of cholera according to the articles published in the newspapers, most wonderfully by a new intestinal antiseptic.

The well known and popular Scholtz Drug Company keep a complete stock of Messrs. Parke, Davis & Co.'s tablet triturates, compressed tablets, chocolate coated tablets and hypodermic tablets.

Lord Roberts of the English army, while in South Africa, carries with him homeopathic remedies, together with a book of instructions. treating himself and his officers when necessary.

A Venezuelan plant has been found which, it is claimed, has powers to cure leprosy. The secretary of agriculture, Wilson, has sent some of the shrubs to Hawaii to be cultivated and experimented with.

The Critique is informed that quite a number of the physicians of the city will occupy offices in the new Majestic block at the corner of Sixteenth and Broadway, when finished.

Thomas W. McCue has invented a marvelous machine, which will destroy pain by a method by which he short-circuits the nerves and instantly relieves pain. A good thing—if it works—other than the gullible public.

The Minneapolis Homeopathic Magazine started the new year with many signs of improvement—a new cover, antique book paper for inside and greatly enlarged. A sign of progress, on which we wish to congratulate our old friend and classmate Aldrich.

The Critique wishes to acknowledge the receipt of a reprint, "Some Thoughts on Abdominal Surgery," by I. B. Perkins, M. D., Denver, Colorado, which gives brief report of cases operated upon by the author since January 1, 1899. A splendid paper well written.

The Latest Mulct.—Miss Mary Hinman of Grand Rapids, Michigan, who sued Dr. Herrick for $5,000 because he allowed medical students to witness an operation performed upon her, was recently awarded $75 damages by a circuit court jury.—New York Medical Journal.

Dr. G. L. Peabody, in a paper read before the New York Academy of Medicine, strongly advised the United States of the importance of sanatorium treatment for tuberculosis. In Germany thousands of cases are treated yearly in public sanatoriums, and it is claimed seventy-five per cent. of the cases recover.

Comfortable traveling is what one gets when using the Colorado & Southern Railway. The most popular line between Denver, Colorado Springs, Pueblo and Cripple Creek. The finest scenic portions of the state are on or best reached via this line. For further information write to T. E. Fisher, G. P. A., Denver, Colorado.

One of our bright medical contemporaries, The Critique, of Denver, has been taking some rapid upward strides of late. The Critique was always one of the most carefully edited and reliable of any in the western list of medical periodicals, but an additional air of attraction surrounded its issue of January, when it came forth in a new dress with many of the frills and furbelows of a metropolitan magazine. It deserves success.—Outdoor Life.

A Human Litter.—An item from Brownsville, Pennsylvania, is to the effect that Mrs. George Hackett, colored, recently gave birth to seven children, four girls and three boys. They were all alive when born, but all but one died within a few hours. The reports say they were small, but well formed. The mother is said to be doing well and the one child will probably live.—Exchange.

Parke, Davis & Co. have made a move that will at once place them in a better position than ever to keep their house and goods in the lead of all competitors. They have offered to give its tried and true men a chance to become interested in that great company by offering them stock away below the market price. This is a step in the right way. The Critique congratulates the largest manufacturers of pharmaceutical products in the world and those associated with them.

A very timely treatise on smallpox to sell at $3 is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, professor of dermatology in the College of Physicians and Surgeons, New York city, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer and John H. Hudleston, all of whom are officials of the health department of New York city, and have had unusual opportunities for the study and treatment of this disease during the present epidemic. The work is to be in atlas form, similar to "Fox's Photographic Atlas of Skin Diseases," published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of variola, vaccinia, varicella and diseases with which smallpox is liable to be confounded. These illustrations number thirty-seven and will be grouped into ten colored plates, 9½x10¼ inches, and six black and white photographic plates. The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis and most approved methods of treatment.

TREATMENT OF INOPERABLE CANCER.

Cooper (London), after reviewing the various remedies recommended, reaches the following conclusions:

1. That in cases of inoperable sarcoma, more especially the spindle-cell variety, the patient should have the option of Coley's fluid given him, since a certain number of cases have been cured.

2. That in cases of inoperable cancer of the breast in women of about forty years of age, in whom the menopause has not occurred, the operation of oophorectomy should be proposed, and this treatment may be combined with thyroid feeding.

3. That in cases of inoperable rodent ulcer, and in the superficial malignant ulceration in other parts, the Roentgen rays give good hope of improvement.

4. That in cases where these other methods are declined or are inapplicable, the internal administration of celandine (chelidonium majus) is worthy of trial; and when the case appears quite hopeless morphia should be pushed without hesitation.

5. Finally, the author suggests that before trying any of these remedies the risk should be fully pointed out to the patient, that the faint hope that most of them afford should not be magnified, and that the discomfort of treatment should be fully discussed; in fact, the surgeon should not do more than offer the treatment, and leave the person to reject or receive it.—Lancet.

THINGS TO REMEMBER.

See the advertisement of Hypotone on page three. Hypotone is a tonic of hypophosphites, good wherever a tonic is indicated.

When in need of a perfect baby food do not forget Mellin's. Good health comes with proper food. Mellin's Food is proper food."

G. W. Flavel & Bros., page twelve, tell all about trusses, supporters, elastic stockings and sell to physicians only.

"What I don't like about our schools," said the boy who had been whipped, "is that they run too much to physical culture."—Washington Star.

The Fleur de Lis Chemical Company, office 319 West Fourteenth avenue, Denver, manufacture seidlitz salts, a laxative containing magnesium sulphate and sodium phosphate in effervescent combination.

I quote from the advertisement of the Grand Rapids X-Ray Manufacturing Company: The "Sorensen" is the best and most reliable static machine to be used for first-class X-Ray work as well as for ozone inhalation and electric treatments.

In the case of a badly swollen thumb, due to a slight prick of a fish bone, septic poison ensued, the arm was quite sore and painful, the swelling extending to the axilla. On applying Marach to the seat of injury the inflammation quickly subsided.

"You mustn't associate with chickens," said Mother Duck to her ducklings. "Why not, mamma?" "Because they are not in the swim." —Brooklyn Life.

Fellows' Syrup of Hypophosphites has stood the test of time and is one of the most reliable tonics in all cases of anemia, bronchitis, influenza, neurasthenia and during convalescence after exhausting diseases. Read all about it on page six.

Kaloform, the ideal antiseptic application, highly stimulating, but non-irritating. Kaloform possesses all the properties claimed for the various earth pastes now on the market, in addition to the merits of the well known "Spice Plasters" so widely known in Europe. Manufactured by the Draeseke Phar. Co., Denver.

The Denver & Rio Grande Railroad is the scenic line of the world. The popular line to Leadville, Glenwood Springs, Aspen, Grand Junction, Cripple Creek, Salt Lake City and the Pacific coast. S. K. Hooper, G. P. T. A., Denver.



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GLYCOZONE

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Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

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Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

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POLK'S MEDICAL REGISTER,

(SEVENTH REVISED EDITION,)

Will appear in due time. Send for descriptive circulars. Physicians who have moved since 1898 should notify the publishers promptly.

Polk's Medical Directory has been established 15 years. Do not be deceived by untried and unknown imitations.

R. L. POLK & CO., Publishers,

DETROIT, MICH

First Little Girl—The doctor brought us twins yesterday.

Second Little Girl—That's where you made a mistake. You should have had a homeopath!—Life.

I used Pepto-Mangan (Gude) last spring in the case of a patient who had suffered for a number of months with chronic gastro-intestinal catarrh and severe diarrhœa, and had been perceptibly reduced in strength and weight. The result was very encouraging, and since then the preparation has been continued and the patient has distinctly improved. The expectations of a complete cure of her trouble are very good. In my opinion this preparation is a very commendable remedy in all conditions of weakness, because it is so readily digested and so well tolerated. DR. G. KIMMIG.

Bad Petersthal, Schwarzwald.

A SAD PREDICAMENT.

A woman not a thousand miles from Richmond was, without doubt, the most flurried female (last Sunday) in seven counties when she discovered, after coming out of church, that her brand new hat was adorned with a tag whereupon was inscribed the legend: "Reduced to $2.75."—Richmond Review.

On page seven Charles Marchand's automatic safety valve stopper is illustrated. Very interesting reading may also be found on above mentioned page. Then write to Marchand for pamphlet entitled "Hydrozone and Glycozone in Diseases of the Genito-Urinary Organs," 57-59 Prince street, New York.

Sanmetto in Genito-Urinary Diseases.—Dr. B. G. Inman of Bradford, Ohio, writing, says: "I have used Sanmetto and find that it is all that one could desire in the treatment of urinary diseases. With an experience of thirty-eight years of practice I know of no medicine that is more direct in its action in all cases of senile prostatitis and other genito-urinary diseases. I regard Sanmetto as one of our best vitalizing tonics to the reproductive organs, which gives it a wide range of usefulness in the treatment of many nervous troubles."

IRISH WIT.

An Irish priest had labored hard with one of his flock to induce him to give up whisky. "I tell you, Michael," said the priest, "whisky is your worst enemy, and you should keep as far away from it as you can." "Me enemy, is it, father?" responded Michael, "and it was your riverence's self that was tellin' us in the pulpit only last Sunday to love our enemies!" "So I was, Michael," rejoined the priest, "but I didn't tell you to swallow them."—Sacred Heart Review.

Smallpox Therapy.—The prevalence of a mild type of smallpox throughout the country gives the therapy of that disease especial interest at the present time. Vaccination is, of course, unquestionably not to be overlooked as a preventive measure, but in addition infection may be made much more unlikely and, where infection has taken place, the course of the disease considerably shortened and shorn of its terrors by the administration of the valuable anti-purulent ecthol. The Battle company has just issued a pamphlet dealing with the use of ecthol in this disease. The pamphlet should be in the hands of every physician who may be called upon to treat smallpox. It will be sent to any physician who makes the request.—Medical Fortnightly.

OWLS AND MEN.

The owl is like some men,
He's rated wise, but not
For things he ever did
Or thoughts he ever thought.

And, like some men I know,
And men that you know, too,
The owl just sits and hoots
At things that others do.

—Medical Advance.

A POPULAR SANITARIUM.

The Critique is in receipt of a pamphlet illustrating the Given Sanatorium, which certainly is a lovely spot, and the buildings contain every convenience. Send for this little book and read all about the institution. Below we quote from a letter that is self-explanatory:
Middletown State Homœpathic Hospital, Middletown, N. Y.

My Dear Doctor—It has been my fortune to visit your sanatorium on several occasions during the past year, and I have observed the care bestowed upon your patients and the comforts which surround them.

It gives me pleasure to state that you have built an institution wihch is deserving, in my opinion, of the confidence of the medical profession. Your methods are those which pertain to the hospital and cottage system, rather than the old-fashioned heavy-barred asylum. In the establishment and continuance of your work you seem to recognize very clearly the value of the trained nurse and a suitable and efficient dietary for the restoration and recuperation of mental and nervous invalids.

Wishing you all the prosperity and happiness which you deserve by reason of your efforts in behalf of suffering humanity, I am, very truly yours, DR. SELDEN H. TALCOTT, Medical Superintendent.

THE CRITIQUE.

VOL. IX. DENVER, COLO., APRIL 15, 1902. NO. 4

RHEUMATIC FEVER.

BY EDWIN JAY CLARK, M. D.

Rheumatic fever is an acute febrile disease, characterized by inflammation of the joints, acid sweats and a tendency to involvement of the serous membranes, particularly of the joints and the heart with constitutional symptoms. No longer do we include this disease with chronic articular rheumatism, muscular rheumatism, gout and other diseases having a rheumatic pain. We now recognize it as infectious.

First—By its occasional epidemic outbreaks.

Second—The chill.

Third—The fever.

Fourth—Its seasonal and climatic influences.

Fifth—Its complications which are those that generally accompany other infectious diseases.

Sixth—A demonstrable portal of entry for the virus in many cases, such as the tonsil, otitis media, operations in the nose, felon, furnucles, fistula in ano and vaccination.

Seventh—The occurrence of acute endocarditis.

Eighth—The direct transmission of the disease from mother to fœtus.

The germ to which we ascribe the disease is Poynton and Paine Diplococci which has been found in the—

(A)—Blood of living patients suffering from acute rheumatic pericarditis.

(B)—In the pericardial fluid and in the fragments of granulations removed from the valves after death.

(C)—In the throat of the living patient suffering from rheumatic tonsilitis.

(D)—In the nodules which are so characteristic of this disease.

(E)—In a case of chorea the diplococci were demonstrated in the perivascular lymph spaces of the pia mater, in its capillaries, and also in some parts of the motor area of the brain.

Next in importance to the discussion of the infectious character and bacteriology of this disease is its relationship to chorea. Some think that both diseases have a similar origin. Be that as it may, we occasionally find both diseases in the same patient. A child having had chorea in early life is more apt to have rheumatic fever in adult life than one who has not had chorea. Chorea is preceded in twenty-seven per cent. of its cases by rheumatic fever and still more frequently by rheumatic pains. Valvulitis is common to chorea and rheumatism.

Prodromal symptoms occasionally noticed are headache, lassitude, coated tongue, anorexia, constipation and chilliness, with tonsilitis, pharyngitis or laryngitis. Otherwise the disease begins suddenly, temperature going to 102 to 104 degrees, with pain, tenderness, swelling and discoloration of one or more joints. The inflammation shows a tendency to symmetrical involvements of the joints, that is if it begins in the right ankle it next affects the left ankle, then the right knee and again the left knee, etc.

Pudse 100 to 110, soft and compressible, and when pericarditis becomes fully established may go to 160 or it may go normal or the pulsus paradoxus may be observed.

Temperature shows nothing characteristic varied in its height as complications develop.

Urine scanty, high colored, specific gravity 1,025 to 1,040, containing an abundance of phosphates or matter and occasionally traces of albumen.

Saliva and sweat are both acid.

Anemia is a marked condition of the blood in rheumatic fever, the red blood cells are reduced one-half or more in number and leukocytosis is common.

Nodules varying from a pin head to one-third-inch in diameter are frequently found and are very characteristic of the disease.

Urticaria, petechiae, erythema, nodosum and erythema multiforme occasionally occur.

Folicular tonsilitis is a frequent occurrence during the disease.

Endocarditis occurs in from twenty to sixty per cent. of the cases and should be considered as a concomitant condition rather than as a complication. Pericarditis occurs in ten to fourteen per cent. of the cases. Myocarditis is found in most cases of pericarditis and some of the cases of endocarditis.

Other complications are pleurisy, bronchitis and bronchopneumonia.

As a rule the disease is benign, terminating in recovery. One attack predisposes to a recurrence of the disease.

Diet should be light and easily digested. Light farinaceous foods and custards are preferable; acid fruits, meat and meat broths must be prohibited. Warm drinks to promote free perspiration are beneficial. Tea, milk, buttermilk and water may all be used.

The affected joint or joints should be well wrapped with raw cotton. While the room should be kept well ventilated, yet extreme carefulness must be exercised to prevent any chilling of the surface, for a sudden check of perspiration might result in the death of your patient. Rest must be required in all cases until danger from the heart affections has passed. It is not only the best prophylatic, but it is also the most important element in the treatment of the cardiac condition. Some authorities advise at least six to eight weeks' rest in bed in the shortest cases. Many of our allopathic brothers consider rest in bed, hygiene and nursing the best treatment that can be given, though recommending anodynes for the relief of pain. They consider that the disease will run its course, no matter what the treatment.

Local applications may suppress the outward expression of the disease and drive it to the heart, brain or other internal organs.

In my experience the indicated remedy never fails to modify the symptoms. I have found in people who were filled full of poisonous drugs that it was necessary often to repeat the dose, while in others I have found quick relief and marked improvement from the use of the minimum single dose.

We find that our knowledge of the cause, changing as it has from a chemical to a nervous and now an infectious ori-

gin, has not altered the remedies useful nor changed the indications for their use. Our unchangeable law stands firm through all our changes of theory.

You are all acquainted with the ordinary remedies, as acon., bry., rhus., puls., nux, etc., so I shall not tire you with the repetition of their value.

Salicylic acid is certainly homeopathic to some cases and will then relieve in a potency in a minimum dose and will not be followed by the aggravation or harmful effects occasionally reported. It is indicated when you have a profuse perspiration, nightly restlessness with pains variously described as drawing, strained and soreness. Great swelling and redness of joints. High fever and excessive sensitiveness to the least jar. Motion impossible. Worse at night.

Benzoic acid affects specially the smaller joints and is accompanied by its usual offensive acid urine.

Colchicum is a much abused remedy frequently prescribed empirically it is homeopathic to articular rheumatism of the smaller joints, with tearing, jerking pains, cardiac complications and gastric symptoms. The patient is irritable, though he may exhibit general symptoms of torpor. Affected joints are swollen and dark red, at night. Pains may partake of a paralytic character. Urine is scanty and burning. Smell of cooking food causes nausea or disgust. Sub-acute pericarditis with severe pain about the heart. Heart's action weak and indistinct; pulse may be thread-like. Dyspnoea and oppression of chest as if the chest were squeezed with a tight band. In metastasis to the heart both Colch. and Bry. should be studied. Kalmia, sharp pains about the heart, taking away the breath; the patient almost suffocates, so severe are the pains. The pains involve the arms and shoulders. Rheumatic endocarditis, valvular insufficiency, hypetrophy and degenerative pulse almost as slow as digitalis.

Lithium comes in rather for the results of the fever than for the fever. The lithium patient has a rough, dry skin. Endocarditis,stooping or bending forward. There are shocks and jerks about the heart and the heart pains are relieved by micturition.

Sulphur swelling begins in feet and extends upward. At night there is more or less burning about the body, especially the parts affected. There may be often noticed a jerking of the limbs on patient falling off to sleep.

Many other remedies may be indicated, the totality of the symptoms governing, and as in other cases aggravation and amelioration of symptoms furnishing the surer guide to the remedy, while the location of the pain furnishes the least important factor. In all cases decided indication for a deep acting constitutional remedy should be eagerly sought for, as they furnish indications for a cure that is truly a cure.

FRACTURE SUGGESTIONS.

Never apply a plaster splint to a compound fracture.

Treat the lacerations and contusions antiseptically.

The bandage is so applied that, while holding the bones, it does not cover the laceration.

It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

A little massage will quickly compensate for a trifle of the disturbance of the fractured ends.

If pus should form, use calcium sulphide and echinacea, or ichthyol; keep bowels free and apply H_2O_2, ichthyol, etc., locally.

Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea—the surgeon.

Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay your for.—Boynton, in Medical Journal.

THEORY AND PRACTICE.

CONDUCTED BY PROF. W. A. BURR, OF DENVER HOMEOPATHIC COLLEGE.

HAHNEMANN FAVORED VACCINATION.

Editor of Homeopathic Recorder—I wish to add to the very interesting letters on the subject of vaccination on the 544th page of Vol. XVI. of the Recorder.

"Even the invectives, which at present pour down in such quantities, cannot hurt. What have the shameful attacks on cow-pox vaccination accomplished? Nothing; nothing at all! They have only served to make more persons investigate and thereby to perceive its excellence.

"Rest satisfied! Let everyone stand by the truth, which cannot be carried away nor perverted, and he will in future cling the closer to the words growing out of my experience."

This is an extract from a letter written by Samuel Hahnemann, dated Kocethen, August 20, 1825. It was addressed to Regiosungrath (Government Council von Gersdorff). Professor von Gersdorff, who occupied a chair in the homeopathic department of the Boston University, was a son of the Councilor. The letter from which I take it was communicated by Dr. H. Goullon and published in the Zeitschrift des Berliner vereines hom. Ærzte, Band XVI., page 390. I am particular in showing the source of this fragment in order to prove its authenticity.

A. M'NEIL, M. D.

San Francisco.

HARD ON CHRISTIAN SCIENCE.

Professor W. H. Norton of Cornell College, Mount Vernon, Iowa, a leading geologist of Iowa, read a paper recently on "The Place of Science in a Liberal Education" before the eighth annual meeting of the Northeastern Iowa Teachers' Association. The following paragraph makes more than one point against Christian Science: "I presume that each of us is acquainted with estimable people, lovely and intelligent women,

graduates of our high schools and colleges, whose creed is that there are no solid facts. They recognize no limits and bounds. They would so project the self into the world that they imagine that they annihilate this old world with its aches and pain and sickness and death. We may smile when they petition school boards to remove physiology from the schools on the ground that the dear children really haven't any bodies. But is it not a matter for the most serious concern that the victims of these delusions are the graduates of our high schools and colleges? We have sent them forth into life without that scientific training which alone can render (them) immune to the disease." B.

ANOTHER HOSPITAL.

It is becoming popular to put hospitals under homeopathic control. The new school of medicine seems to be so successful in the management of hospitals as to attract the attention of municipal authorities. To say nothing of the decreased death rate in homeopathic hospitals, the new school treats patients cheaper than other schools, the average stay in the hospitals being less by one-fourth. The average time of each patient in a homeopathic hospital has been found to be only twenty-one days, whereas the average time is twenty-eight days under old school treatment.

The following, from the editorial pages of the North American Journal of Homeopathy is significant:

"On January 31st occurred an event of interest to the medical profession in general and to the homeopathic profession in particular.

Under the commissioner of public charities, Mr. Homer Folks, the great city of New York established a pavilion on Blackwell's Island for the treatment of tuberculosis. So far as the North American is aware this is the first municipal hospital for the exclusive treatment of consumptives in the United States. There are numbers of private sanitaria and there are several completed or projected state institutions for that pur-

pose, but New York is the first city to establish such a place.

The new building is an adjunct to the Metropolitan Hospital, and is known as the Tuberculosis Pavilion of the Metropolitan Hospital. It has a total capacity of 120 beds. These were filled in two days.

The Metropolitan was already the largest general homeopathic hospital in the world. It was also the oldest and the only public charity hospital under exclusive homeopathic control. A number of cities have public hospitals that are shared jointly with the old school, and many cities contain homeopathic hospitals owned by corporate bodies. This new tuberculosis adjunct adds another chapter to homeopathic history."

B.

"Dr. Burford (England) proposes for the development of homeopathy the endorsement of a lectureship in materia medica, including the delivery of a full systematic course of lectures each year; the proving of drugs under suitable control and with paid provers; the institution of scholarships for recent graduates; the establishment of subsidies and honors for original research and finally the encouragement of college hospital work."—North American Journal of Homeopathy.

ANTITOXIN—A CASE.

A girl ten years old, having diphtheria, presented the usual symptoms up to the fifth day and was growing steadily worse under careful homeopathic treatment. Examination of cultures from the throat showed it to be an undoubted case of diphtheria.

At this stage antitoxin was used, 2,000 units of Stearns being injected. Within eighteen hours there was a decided change for the better, and she went on to a most excellent recovery.

The attending physician gives credit to the antitoxin alone for the sudden change for the better and the good recovery. Careful homeopathic treatment was continued throughout the whole course of the disease. Furthermore, care was

taken that the gargles and medicines were used warm, the attending physician believing that cold applied to the inflamed mucous membrane of the throat and stomach in such cases works more or less harm to the patient. B.

At the New York State Homeopathic Medical Society, held in February, "Dr. George E. Bingham cited a remarkable cure with the single remedy in a single dose given high. This proved to be a single dose of antitoxin given high on the thigh."—North American Journal of Homeopathy.

APPENDICITIS—CASE 3.

A married woman, aged forty-three, with a tubercular tendency, was taken with a severe pain in the right illiac fossa. Supposing it to be of a menstrual nature hot applications were used and hot drinks were taken. But the paroxysms of pain which were frequent and severe continued to come. The pain was most severe at night.

The menses not appearing after three days, and perceiving the pains to be unlike any menstrual pains she had ever experienced she summoned me to her aid just after a severe paroxysm about 7 p. m.

A careful examination showed the case to be one of undoubted appendicitis. It was more than a case of typhlitis —a catarrhal inflammation of the cæcum, the appendix being involved also. There was fever alternating with chilliness, with pain and tenderness in the illiac fossa. Pulse 85, temperature 99.8. The bowels were constipated.

The pains grew less and less under byronia and rhux tox, and the use of hot applications. Two days later, when the pains became worse again, belladonna 3x was prescribed and hot water injections were used. The diet was restricted to liquids of a bland nature, such as mutton and chicken broth and milk, and that in very spare quantities. Later on arsenicum was given. In nine days from the time I first saw her, and twelve days from the first symptoms, she was practically well and has so remained for four months until the present time.

During the treatment the wisdom of an operation was duly considered, but having implicit faith in the efficacy of homeopathic remedies with the use of hot applications and hot enemas, under which she steadily improved, she was more than willing to avoid an operation.

As in other catarrhal and inflammatory diseases of the alimentary tract, by means of a proper regimen and suitable remedies, not only may we prevent a mild case from becoming a severe one, but we may also reduce the inflammation in such a mild and gentle manner that resolution is brought about and a cure effected in a short space of time. B.

ABOUT VACCINATION.

The New York Homeopathic Medical Society, at the recent meeting held in Albany, adopted the following resolutions on vaccination:

Resolved, In the opinion of this society, if and when the state or local authorities enforce vaccination, they are in justice bound to surround it with all the modern safeguards.

Resolved, That public vaccinators should properly apply an efficient shield immediately upon vaccination, with instructions as to its removal.

Resolved, That the virus used by them should be free from all possibility of contamination.

THE POWER OF SELF-DETERMINATION.

Dr. A. C. Halphide of Chicago writes on "The Master Influences of Life," which appears in the Medical Century (March). The following paragraphs contain valuable hints to the physician in his use of suggestion which may be used in the prevention and cure of disease.

Some one says that he is a drunkard because he inherited the appetite from his ancestors. His father and his grandfather before him were drunkards. For shame! Do not lay the blame of your weakness and debauchery upon those who

have paid the penalty of their weaknesses with their lives. Come out from behind the tombstones, and stand on your own legs! No man ever inherited an abnormal appetite. It is all a creation of conditions, usually due to a weak will and a lack of self-determination. You need not be a slave to your appetite. Assert your manhood! Break the fetters of your habits, and become what it is your right to be—a sober, respected and self-respecting man! All know that excessive drinking causes disease which sometimes becomes incurable and terminates in death, but those are extreme and exceptional cases. Not a few could break their habits if they would make a determined, intelligent effort to do so.

* * * * * * * *

Another method of application is by auto-suggestion, or self-suggestion may be used where no physician who uses hypno-suggestion is at hand. Many most gratifying results have been reported by those who have used this method. It is not difficult of application and may be somewhat as follows: The person makes suggestions to himself, stating plainly, repeatedly and reasonably the things that he wishes to accomplish. For instance, if it is a habit he wishes to overcome he will say: "I know that this is a habit, and all habits are due to conditions of the mind; therefore my mind can, and will, correct it." Repeat such suggestions many times daily, and just before falling asleep at night, confidently believing and expecting that the results desired will be attained. Most people who fail in auto-suggestion fail because they have not the same confidence in themselves that they have in others. He who believes in himself and perseveres with self-suggestion will succeed.

Let me mention just one more method. It is similar to the last, but it is easier of application. He who would treat himself must make up his mind what he wants to accomplish, the thing he wishes to correct, or the condition he wishes to develop in himself. If it is a habit he wishes to break, he must picture himself in his mind, as often as he has the opportunity, as he would be and feel after it was corrected. He must think of himself as free from the habit and rejoicing in his victory over it. If it is a quality he wishes to acquire, he must picture himself as having and rejoicing in the possession of it. He must keep these pictures and thoughts of himself before the mind, waking or sleeping, by day and by night, and they will not fail to help him to become what he wants to be. This method is based upon a law as deep as the mind itself, which is briefly stated in the proverb, "As a man thinketh in his heart, so is he."

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROFESSOR OF OPTHALMOLOGY AND OTOLOGY IN THE DENVER HOMEOPATHIC COLEGE.

SYPMTOMS POINTING TO THE NECESSITY FOR OPERATIVE INTERFERENCE IN MASTOID SUPPURATION.

Wendell C. Phillips, New York. (American Journal of the Med. Sciences, Dec., 1901.) In acute suppurative middle-ear trouble, microscopic examination of the pus should be made. This pus is more virulent when the streptococci are in excess. The most marked symptom of acute mastoid inflammation is pain, coming on after the severe pain of the middle ear has passed away, and after discharge has been established. The pain is a dull, heavy one, not localized, but diffused over the surface of the temporal bone, and located most sharply behind and above the middle ear. This pain may or may not be constant, and will have some relation to the amount of discharge. There is usually marked pain on pressure, at the tip of the mastoid, but it is more significant when present over the mastoid antrum. The expression is not one of agonizing pain, but rather an unhappy one. The temperature may or may not be high. External periostitis may be considered as a symptom, although, as a rule, operative interference should be resorted to before this symptom appears. Bulging of the posterior superior portion of the wall of the canal, with tenderness upon pressure over the region of the antrum, is a prominent symptom.

Very early symptoms may be relieved by measures other than external operations. Free incision of the drum; local blood-letting; leeches; the Leiter coil; poultices; hot douching, once or twice an hour—are all abortive remedies that will sometimes avail. They should not, however, be used for a long time, as both the ice-coil and the hot poultice tend to do harm by masking the symptoms, if continued too long. The patient should be kept in bed. The exact time for operation must be determined by the good judgment of the operator.

Early operation seems to give better results for the hearing, and to render less liable the involvement of the brain or lateral sinus. The operation should not be done simply because it will do no harm, but only when positive indications for it are present, and then without unnecessary delay. The author does not believe in the Wilde incision, thinking that local blood-letting can be obtained by much simpler methods.

A CASE OF EPILEPTIFORM CONVULSIONS CAUSED BY A SHOE BUTTON IN THE NOSE.

J. S. Steele (The Laryngoscope, Oct., 1901) reports a case of a child six years of age suffering from a mucopurulent discharge from the nose which was found to be due to a shoe button, which was lodged high up in the nose for a considerable period of time. Coincidental with the catarrhal process, the child manifested frequent epileptiform convulsions, which, after the removal of the foreign body and the correction of the turbinal hypertrophies, have entirely disappeared.

ANÆSTHESIA IN ADENOID OPERATIONS.

The Louisville Monthly Journal of Medicine and Surgery for December, 1901, says editorially:

"In adults the administration of a general anæthesia for operations upon the upper respiratory tract rarely becomes necessary. In children we cannot well dispense with general anæsthesia. Many operators, especially in Germany, advise the removal of adenoid growths and tonsils without anæsthetizing the child, claiming that the anæsthetic adds an element of danger to an otherwise harmless procedure. Frankel, one of the most able of the German laryngologists, usually dispenses with anæsthesia, and has the children wrapped in a sheet and held on the lap of an assistant, as is done in intubating. Judging from a human standpoint alone, this procedure would seem most brutal. But aside from this, we can

recall more than one case where the removal of a third tonsil without an anæsthetic so shattered the nervous system of the child that its effect was noticeable for months afterward. English surgeons have for some time been advocates of the use of nitrous oxide gas, recognizing in it the advantage of a rapid anæsthesis, and a rapid recovery without the deleterious or disagreeable after-effects so common with chloroform and ether. American surgeons have also been quick in adopting this form of anæsthesia for short operations in the throat. It has been argued that nitrous oxide gas is far safer than the other general anæsthetics, and has an additional advantage in that it can be administered with the patient in the upright position. Any one who has seen a child in the stage of asphyxia of gas anæsthesia cannot help but feel that there is more danger in its administration than we are led to believe. Our statistics come largely from the dental profession, and are incomplete, and, therefore, unreliable. Since the medical profession has adopted nitrous oxide gas, more generally fatal cases have gone on record. Whether they were the result of failure of the heart's action direct, or whether the aspiration of blood during the semi-conscious state was the prime factor, we are unable to state. Believing, however, that the upright position necessarily exposes the patient to the danger of aspiring blood and fragments of tissue, more lasting anæsthetics are now largely employed with the patient in the recumbent position and with the pendent head. Chloroform or ether is given the preference, according to the custom of the country or surgeon. In the last few years, however, since pathologists have shown that children with enlarged tonsils or adenoid growths are peculiarly susceptible to chloroform, it has fallen somewhat into disfavor. Hinkel presented the dangers of chloroform, in these children of a so-called habitus lymphat-,icus, very forcibly at the meeting of the American Laryngological Society in 1898. He cited eighteen deaths, the result of chloroform given for the removal of adenoids or tonsils, and concluded that the use of chloroform in such cases is inadvisable. Æther has uniformly been more successful. Many op-

erators of to-day who employ ether precede it with gas. By this combined administration the patients pass into the ether narcosis rapidly, and are spared the exciting, choking stage of ether. The ether is substituted as soon as the patient becomes cyanosed, the change relieving the cyanosis almost at once. Reports show this form of anæsthesia has been exceedingly satisfactory. It will hardly come into general use, however, owing to the difficulty of transporting the laughing gas, and the impossibility of obtaining it without a special and costly appartus. We believe that wherever the adenoid vegetation is extensive enough to take more than a sweep or two of the ring knife along the pharyngeal vault to remove it thoroughly, ether, either alone or preceded by gas, should be given the preference."—Medical Review of Reviews.

REMOVAL OF GUN POWDER STAINS.

By Dr. E. G. Corbett, Hampton, Florida. (Published by the Medical World of Philadelphia, Pa., Feb., 1902.)

On Christmas day a boy of twelve filled a vaseline bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent. solution of cocaine. After the operation I used a fifteen per cent. solution of hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent. solution of hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of hydrozone and glycerine. The eyes are well and powder staine have disappeared from the face.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA, DENVER HOMEOPATHIC COLEGE.

LOBELIA INFLATA; PNEUMONIA.

My wife, aged sixty years, usually strong and healthy, with the following symptoms: Impossibility of deep respiration, short inhalations, and long, deep exhalations.

Inclined to sigh or to get a very deep breath, deep inspiratoin, relieves the pressive pain in the epigastrium, but the patient could not get a full and satisfying inspiration; had been sick several days, and usual remedies only palliated, and case went on until a careful study brought to light the indicated remedy, which was given, and quickly cured the case. No other medicine was called for.—Reported by J. A. Wakeman, M. D., in The Clinique, March 15, 1902.

RENAL COLIC CURED BY SARSAPARILLA.

A woman, thirty-three years old, had suffered for three years from severe pains in the region of the kidneys, extending down to the os pubis. These were at times so severe as to demand the use of narcotics. During the attacks but little urine was passed, and it was cloudy, containing gravel and small calculi, some of which were as large as grains of wheat. Pains reached their climax at the close of micturation. A chill, beginning at the mouth of the urethra and extending thence over the whole body, usually accompanied the pains. There was also occasional constipation with violent strangury. The patient was thin, with wrinkled face and dark complexion, looking older than she really was. On the use of sarsaparilla, 6x, the attacks became less frequent, the urine contained less gravel and the movements of the bowels more regular. The patient gained in weight, and at the end of three months was entirely restored to health.—Hom. Monatsblatter, Hahnemannian.

TIMELY NOTES FOR CASES OF EPIDEMIC INFLUENZA.

Acute coryza, sneezing with profuse watery excoriating discharge amounting to a hydrorrhea with congested nasopharynx; chilly sensations and general aching. Give arsenicum jodatum.

Flushed face, deep besotted appearance, fever with chilly creepings, headache from the neck up over the top of the head and into the eyes, heavy, tired, listless feeling, with backache (lumbar and sacral), legs feel as if weighted with lead. Give gelsemium.

For backache with aching extending down the legs, back aches as if it would break; fever comes on late in the afternoon, often preceded by a chill. Not accompanied by any evidence of an acute catarrhal cold. Give eupatorium perfoliatum.

For acute bronchitis following influenza attacks in addition to the usual remedies, remember the value of stannum. Stannum has many of the conditions of both antimonium tart. and kali bichrom, viz.: moist and bubbling rales all through the bronchi—large amounts of thick, greenish yellow muco-purulent secretions. It has not the nasopharyngeal symptoms of kali, nor the gagging and vomiting of antimonium tart.

It has, however, prostration, weakness, and a tendency to cold perspirations from any exertion.

Suspect every case of sore throat which comes on suddenly with fever and initial vomiting of being due to scarlatina poisoning; do not be surprised by a nephritic congestion on or about the eighth day; do not wait for the patient to make diagnosis by presenting a desquamating epithelium.

In many cases of scarlatina the cutaneous efflorescence is a short and fleeting symptom; it may have passed by before you had a chance for observation; inquire for it.

Some nephritic congestion is pathognomonic of scarlatina; serious attacks of nephritis in scarlatina are due to some one's errors; chilling of the surface of the body overtaxes the kidneys; improper feeding overtaxes them by increasing the amount of necessary elimination. The only proper diet for the first week of scarlatina is milk, fruit juices and plenty of water.

Remember the value of the skin as an eliminating organ and favor its efforts; stimulate perspiration and remove the cutaneous excretions by regular alkaline sponging.—The Clinique.

HOMEOPATHIC REMEDIES IN THE POST-OPERATIVE TREATMENT OF SURGICAL CASES.

The question is often asked by the laity: "Is there any difference between allopathic and homeopathic surgery?" Of course, the answer must be that, so far as mere mechanics are concerned, there is no difference, but you and I, as homeopathists, know that there is a vast difference in the post-operative treatment of all surgical cases. Personally, I should dislike to practice surgery without having at my command a class of remedies which have done for me yeoman service. The list is not a long one, but the few remedies whichI have learned to use in dealing with the complications and sequelæ following the operative work has served me so well that I desire to emphasize their value in controlling the pain, restlessness and inflammation incident to post-surgical treatment.

I do not profess to get on without certain agents which act in a purely eliminative way—the saline cathartics, for instance; or agents which are sometimes necessary to carry an enfeebled heart through the period of surgical shock. Occasionally, too, I find it necessary to resort to opiates, and sometimes most advantageously. However, the cases in which it is necessary to give opium are not numerous, and in the large majority of instances its administration is not only unnecessary but harmful. My object is simply to present a few of the remedies most commonly used by me for the condition under consideration. I claim no originality in either their selections or the indications calling for them. Nearly all belong to the polycrest group, and are well tried.

Two remedies, aconite and hypericum, are used by me oftener than any others for the restlessness which so frequently follows surgical work. With aconite there is the agonizing desire to toss about which is so characteristic of the

drug. Where this condition is present, especially where there is fear of death, it is my practice to begin the drug just as soon as the stomach will tolerate anything. I give it in the third potency at least every hour until the nervous apprehension passes away. Hypericum is more useful if pain is a marked symptom, and particularly if the operation has been such as to cause profound shock. There is often cutting pains between the scapulæ with stitches in the small of the back. There may be tympanitic distension without cutting pains in the region of the navel. I usually give this remedy in the first decimal dilution every one-half, one or two hours, according to the urgency of the symptoms.

Arsenicum is one of the most useful of all remedies in aiding the system to care for the ptomaines and exudate incident to surgical work. There is great restlessness, prostration, weakness of memory, thirst, irritability of the stomach, with nausea and vomiting. The urine is scant, and there may be retention of urine from bladder paralysis. As time goes on the urine becomes dark brown and turbid with approaching symptoms of uremia. With arsenic the restlessness is one of prostration rather than of hypersensitiveness.

Apis mellifica is another remedy which has helped me out of many a tight scrape in abdominal surgery. It is, I believe, the most useful of all remedies at our command in cases of threatened uremia. There are renal pains with frequent and sudden attacks of pain along the ureters. The patient will experience a desire to empty the bladder often with the passage of only a few drops. The urine is scant, high colored, very often fetid, and after standing becomes turbid. A chemical and microscopical examination will show varying quantities of albumen and tube casts. There is loss of consciousness, stupor interrupted by piercing shrieks, impaired memory, with absent-mindedness. The apis patient is usually of an irritable disposition, hard to please, and exceedingly nervous. In all cases of suspected renal insufficiency, infusions and enemata with hot pack, and, if necessary, a hypodermic use of pilocarpine are brought into requisition. However, the timely administration of apis will frequently make these measures unnecessary.

Rhus toxicodendron is also a most useful remedy where the restlessness is a prominent symptom and septic manifestations become prominent. It has a much lower type of restlessness we find in either hypericum or arsenic. There is incoherent talking with a low, mild delirium. The prostration is marked. There is a restless desire to change position in bed; the tongue is dry, red and cracked; the mouth is dry with much thirst; the breath is putrid. The patient is usually worse at night and seems to get relief in the change of posture. The abdomen is bloated and the patient will frequently complain of a sore, bruised sensation in the abdomen.

Cimicifuga is most useful for the intense backache which so frequently follows the dragging down of the uterus in gynecological plastic surgery.

Besides the foregoing, Dr. J. C. Wood in Era advises bryonia, belladonna, collocynth, ant. tart., ant. crud., mag. phos., phosphorus, china and calc. phos., when indicated.

SIMPLE ENDOMETRITIS.

In a very interesting paper upon the treatment of this disease Dr. J. W. Hingston in Hahnemanian Advocate gives the following:

Aesc—Mental incapacity in the form of lack of concentration of mind, which must be distinguished from mental weakness; irritability when the bowel is loaded with fecal matter.

Aloes—Great disinclination to mental work alternating with great mental activity. Some days these patients will be full of ambition, full of mental activity, while during other periods of varied length they have a decided disinclination to make any mental effort, and use every excuse to avoid it.

Alumina—The patient cries against her will. She does not want to cry. She tries not to. (Different from pulsatilla.) Low spirited; little difficulties seem too great to overcome. Fears she will become insane. Time passes too slowly. Fretful. (I speak of this last symptom because of its so frequent occurrence when this remedy is indicated and the physician is so frequently led to think of phosphorus and other remedies having this symptom as a characteristic.)

Ammonia carb.—Forgetfulness particularly in the form of absent-mindedness. She dislikes work, both mental and physical. There is a feeling of impending trouble. (In the evening, calcerea carb.)

Aurum met.—Religious mania—prays much. Melancholy. Has no confidence in herself, thinks others have none. Weary of life, and wishes she could die. Utter despair. Disappointed love.

Borax—She idles away her time, cannot settle down to one kind of work, changes from one occupation to another and from one room to another. She is fretful. All these symptoms are better after stool; there is much mental and nervous relief therefrom.

Bovista—The patient is awkward, drops things from her hands. (Apis.) She is slow of comprehension and of understanding. She uses wrong words for right ideas. (Calcarea carb.)

Calcarea ostrea—Disinclination to work. Misplaces words. Thinking is difficult. The patient is melancholy, with apprehension, as of some misfortune; worse towards evening. Fears loss of reason or that others will notice her confusion of mind.

Ferrum met—Inclined to weep or laugh immoderately. (She weeps and laughs alternately, phosphorus.) Disinclined to talk or study. The mind is confused, cannot collect her thoughts. Proud, self-contented look. (She feels proud, platina.)

Gelsemium—Caltaleptic spasms; loquacity; hysterical delirium.

Graphites—Dim recollection of recent events. Slowness of thought. Hates work. Sad with thoughts of death; solicitous concerning her spiritual welfare. Timid; hesitates at trifles.

Helon—Dull, inactive, gloomy, irritable, etc.; all better when doing something to engage her mind.

Hydrastis—Cannot remember what she is reading or talking about. She is irritable—disposed to be spiteful.

Ignatia—Sad. Desires to be alone (nux vom.). Changeable—from laughter to tears, and from tears to laughter

(phos.). Delicate, conscientiousness (sil.). Disappointed love (aur. met.).

Iodine—Irritable with sensitiveness; extreme excitability, worse during digestion. She feels as if she had forgotten something.

Kreosota—Stupid feeling with vacant gaze; frequent vanishing or failure of thought. The patient is obstinate (sul.).

Lachesis—The patient thinks she is under superhuman control; in her delirium she feels she will be damned. Great loquacity. Mania for overstudy. Jealousy. Fears being poisoned.

Lilium—The patient is irritable; disposed to curse or think of obscene things. She has a hurried feeling and hurried manner. She is much concerned about the soul's salvation. Apprehensive of disease and thinks she has heart disease; fears she is incurable.

Lycopodium—Dread of men. Imperious and scolding. Weeps all day (puls.).

Mercurius—Homesickness; suspicious; distrustful; quarrelsome; hurried speech.

Natrum mur—Gets angry at trifles. Spiteful and vindicative. Jealous. Tired of life. Hurriedness (lil. tig.) Awkward in talking, knows not what to say.

Nitric ac.—Vindictive, attacks of rage with maledictions. Anxious about her disease.

Nux vomica—Insane desire when alone with those she loves to kill them. Desires to talk about her condition. Careful; zealous. Melancholy; over-sensitive about external impressions.

Phosphorus—Indifference. Easily angered, with vehemence, from which she suffers much afterwards.

Platina—Great pride; thinks she is superior to others. After anger, alternation of weeping and laughing. She is religious; past events trouble her. Illusions—things seem small, persons inferior to herself. She is haughty; voluptuous. Alternation of mental and physical symptoms.

Pulsatilla—Religious mania; sees the devil and world on fire at night. The patient is easily moved to tears or to laugh-

ter. Dyspnœa after emotions. Enviousness; covetousness. Frequent love affairs.

Sepia—Involuntary crying and laughter (phos.). The patient is sad about her life and domestic affairs; dreads to be alone. (Desires to be alone, nux vom.) Antagonistic mental states—imagines what she does not want to; uses wrong words when she knows she is using them. She is easily offended.

Silicea—She wishes to drown herself. Hysterical, with screaming. Over-anxious; conscientious about trifles. She is apathetic.

Sulphur—Stubbornness, obstinacy. Memory is especially weak for names. Foolish happiness and pride. Disgusted about odors about the body.

Thuja—Talks slowly as if hunting for her words. Hysterical or insane—will not be touched or approached when talked to. Scrupulous. Music causes weeping.

FORMALIN TEST FOR ALBUMEN IN THE URINE.

Tretrop (Revue Medicale du Canada, Montreal, Oct. 16, 1901) says:

The physician can carry with him a small vial of formalin, as it is not a corrosive, and can test the urine at the bedside. Four or five cubic centimeters of fresh urine are heated in a test tube nearly to a boiling point, and a few drops of forty per cent. formalin are added after it is removed from the flame. If there is any albumen in the urine, it coagulates like the white of an egg, and accumulates on the surface of the urine, also settling on the walls of the tube. After pouring off the fluid, the proportion of albumen can be determined by weighing, or by the size of the coagulum left.—Jour. A. M. A., Nov. 9, 1901.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

SOME POINTS CONNECTED WITH THROMBOSIS.

BY SIR WILLIAM BENNETT. (LOND. CLIN. JOUR., OCT., 1901; REF. LOND. MED. TIMES AND HOSP. GAZ., XXX., p. 9.)

Sir William Bennett cites two cases of thrombosis and makes some interesting remarks on them. The first was that of a woman, aged forty-nine, who was operated on for femoral hernia. There was nothing unusual noticed at the operation, which was performed in the ordinary way. The temperature rose slightly the next day, as commonly happens, but did not subside, although the wound healed perfectly by first intention. Ten days after the operation the temperature rose rapidly to 103.5 F., and she complained of pain in the left leg. Examination showed that there was thrombosis of the saphena vein, as well as commencing thrombosis in the femoral vein. She now became very seriously ill; the thrombosis extended rapidly upwards, and as it extended into the belly the opposite limb became similarly affected. She remained very ill, had one or two rigors, and looked like a person suffering from septicemia. About four weeks after the onset of the thrombus in the lower limb she had an attack of pulmonary embolism, and nearly died. A large flowing mass came away from over the sacrum, exposing the bone and leaving a great cavity. She slowly recovered, and eventually left the hospital well.

The second case was also a woman, aged twenty-seven, who was admitted for a severe attack of appendicitis with a high temperature, and an operation was immediately performed. She was intensely anemic at the time of the operation. She did very well afterwards, and a week later it was found quite accidentally that one of her lower limbs was swollen. She complained of no pain, thus differing from the case mentioned first. Extensive thrombosis of the femoral and iliac veins was found, and on the following day a sudden attack of pulmonary embolism occurred, from which she nearly

died. Here, then, was a case of thrombosis occurring after an operation in which the patient was doing well and free from any suspicion of sepsis, followed almost immediately by embolism. In the other case the embolism did not occur till very much later, until, in point of fact, the thrombus had commenced to disappear. In the second case the embolism occurred during the process of the growth of the thrombus. These are two very different conditions, and their importance is great. The thrombus in the first case was the result of septic conditions; in the second the clotting was purely passive. The second patient's blood clotted in the veins because she, being weak and intensely anemic, had been called upon to bear the shock of what was to her a serious operation, which lowered her vitality considerably.

It is well to bear in mind that all patients of the anemic type are very prone to blood clotting, and that a certain percentage of them, if placed in bed and kept absolutely quiet after an operation or accident, by which their already feeble physique is still further reduced, are very liable to get thrombosis, more especially in the lower extremities, although the clotting may occur in other parts. There are two other varieties of passive thrombosis to which it is worth while to direct attention. The first is that which is prone to follow any exhausting disease, such, for example, as enteric fever. the thrombosis following upon which is frequently passive, not septic, and the second is that which follows upon great loss of blood. There is a tendency in many subjects—notably those of the anemic kind on the one hand, and those of the robust "gouty" type on the other—to the occurrence of thrombosis in the lower limbs if such subjects be placed in bed, when in a condition of apparent good health, and kept absolutely quiet for a considerable period—such quiet as, for example, may be necessitated by an operation on the knee joint, severe abdominal cases, or any other case of severity. Thrombosis is not, for an example, very rare in certain types of patients laid up suddenly with fracture, the thrombosis occurring as often as not in a sound limb.

The practical bearing of this matter is the following: In all operations of expediency, such, for example, as the radical

cure of hernia, operations on varicose veins, etc., when performed upon patients in sound general health who up to the time of coming under treatment have been following their ordinary callings or amusements, it is wise, and in many cases necessary, that the patients should be kept in bed for some days prior to the operation, so that the absolute rest entailed by the operation comes less abruptly upon them—a period of modified rest in the flat position intervening between the ordinary habits of life and the total rest which should follow the operation. In all cases of thrombosis, whether septic or aseptic (i. e., passive), no matter what the cause may be, there is a certain period in each variety at which embolism is more prone to occur than at any other time. A proper appreciation of this fact is of some importance, since the time at which embolism is prone to occur is that during which absolute rest for the patient should be most rigidly enforced. In the first case (the septic one) embolism did not occur until three or four weeks after the onset of the thrombosis, and no embolus became detached until the thrombus had not only ceased to grow, but had commenced to disappear; the embolism, in fact, occurred at the time of the softening of the thrombus. The importance of this clinical point is as follows: The period of danger from embolism in a septic case of thrombosis is at the time of softening, i. e., when the patient is apparently on the verge of convalescence. On the other hand, in the second case, in which the thrombus was aseptic, extensive thrombosis occurred very soon after the operation, and on the following day embolism occurred whilst the thrombus was increasing in size —a clinical sequence which illustrates admirably the fact that in aseptic thrombosis the danger of embolism is greater during the formation of the thrombus, and not at the period of resolution, the exact reverse of the condition holding good in septic thrombosis.

The practical bearings of these facts upon treatment are the following: In septic thrombosis the greatest care should be taken to ensure absolute rest during the period of resolution; in aseptic cases the greatest call for rest is during the period of the formation of the thrombus. In septic cases on no account should patients be allowed to move until the throm-

bus has entirely disappeared; in aseptic cases, on the other hand, there is no objection to a little movement when the thrombus has ceased to grow, and there is certainly no reason for maintaining complete rest until it has entirely disappeared; in fact, in the latter period some movement is beneficial.

With regard to the treatment of these cases of passive thrombosis, rest of course is absolutely necessary during the progress of the disease. Medicinally the best treatment is what is called the alkaline treatment—alkalies with excess of ammonia will do more to hasten the disappearance of these passive clots than anything else. Locally warm applications are comfortable, and perhaps to some extent promote absorption. When the veins are varicose, if the application has some hardening effect on the skin (lot. plumbi, for example,) so much the better—when the veins themselves are normal water fomentations effect every purpose. In the late stage of aseptic thrombus, massage, when used with understanding, is of great service; but by those who are without considerable experience it should not be used, as in such hands it may be dangerous.—Post Graduate.

THE GROWTH OF CHRISTIAN SCIENCE.

The total number of Christian Science churches and societies, here and abroad, is now 663, showing the remarkable increase of eighty-one during the last year.

The Christian Science Sentinel furnishes the following authoritative figures relative to the denomination:

The total number of branch churches for the year ending December 31, 1900, was 443. The total number for the year ending December 31, 1901, was 496, giving an increase of 53 branch churches.

The total number of societies (not yet organized as churches) for the year ending December 31, 1900, was 139. The total number for the year ending December 31, 1901, was 167, giving an increase of 28 societies. The grand total of branch churches and societies at the close of 1901 was 663.—Fishkill (New York) Daily Herald.

ELECTRIC TREATMENT.

"Electricity in the atmosphere affects your system," said the scientific physician.

"Yes," said the patient, who had paid ten dollars for two visits, "I agree with you; there are times when one feels overcharged."Chicago News.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

A NEW PACIFIC COAST SUMMER RESORT.

It is generally conceded that to dwellers in high altitudes occasional pilgrimages to the sea level are always beneficial, and in many instances are considered absolutely essential to continued health and happiness. It is quite necessary for physicians to keep themselves informed concerning the advantages of the various places of resort, east and west, because their advice is so frequently sought by persons contemplating a change of climate. Heretofore it has been the custom to send patients to the California coast in the winter, but for a summer residence the Atlantic coast has generally been recommended on the ground that it is cooler than that of California.

The advantages of the Pacific Northwest coast as a most desirable place of residence during the heated term have attracted little attention until quite recently, but which, we believe, are soon to receive the professional consideration which their merits demand. As a high altitude proposition of interest to all Colorado people, we desire to call attention to the unsurpassed attractions of the Pacific coast in the vicinity of the Columbia river, as an ideal summer resort for all those who may feel the need of a change and who are looking for a

cool, invigorating place of rest and recreation at the seaside. From reliable sources we are led to believe that one of the most desirable places on the western coast is that known as North Beach, running north for over twenty miles from the mouth of the Columbia river in the state of Washington. There is nothing on the Atlantic coast that approaches this magnificent stretch of ocean beach for attractiveness and comfort, both for the invalid and the tourist.

A recent visitor to this interesting resort says: "The climate is as nearly perfect as can be found at the sea level anywhere on earth. There are no extremes—no cold in winter, no heat in summer. Light flannels and overcoats, fires morning and evening and blankets to sleep under at night are comfortable all the year round. The thermometer rarely goes below forty degrees in December or January, or above seventy five degrees in July and August. What more could be desired to constitute a paragon of all-year-round resorts? Nothing but transportation facilities and hotel or cottage accommodations —and these are not lacking in the case of North Beach.

To the tourist and sportsman the Columbia River country affords attractions not excelled in any other part of the world. We take the following from a recent publication concerning it:

"Along the entire length of the peninsula, from a half to three-quarters of a mile from the ocean, extends a chain of fresh water lakes, clear as crystal, teeming with game fish and alive with ducks and other water fowl. Shoalwater bay oysters are famous all over the north coast region, and it swarms with fine fish, crabs and clams. Just across the bay to the east, and always in sight and easy reach of the beach, tower spurs of the mighty Coast range, whose forests abound with game and their every tumbling stream with speckled trout. From Shoalwater bay to the very edge of the beach the peninsula is dotted with beautiful groves of pine, fir, hemlock, oak, maple and box elder; huckleberries, blackberries and raspberries abound in the woods and wild flowers bloom everywhere in endless profusion. No venomous snakes or insects are found, and the mosquito plague is virtually unknown. Often a whale or a school of whales may be seen spouting and sporting out beyond the breakers, and seals and sea lions gambol down about North Head and Fishing Rocks.

The number and variety of wild fowl pass all eastern knowledge or belief."

A writer in the Scientific American declares that: "In the presence of the awe-inspiring heights and depths and ever-changing shadows of the gorge of the Columbia river in the Cascade mountains, the Rhine becomes an insignificant memory, and the mind's sense of dimension is baffled in the effort to take in this infinitely greater, nobler and more majestically beautiful Rhine of our own land."

The following will give an idea of the beach itself:

"From Fort Hancock to Leadbetter Point extends a slender, knife-blade of land twenty-three miles long and a mile or two miles wide, with Shoalwater bay on one side and the Pacific ocean on the other. On the ocean side of this narrow tongue of terra firma is North Beach. Twenty-three miles long, straight as an arrow, smooth enough for a ball room floor, and so firm and solid that a carriage or wagon scarcely leaves a trace upon its sands, it is a hundred dreams of ocean beaches all realized in one. Anywhere on the Atlantic coast between Coney Island and Old Point Comfort it would have from one to five million visitors a year. Its surf bathing is unsurpassed and unsurpassable. Shoalwater bay, a mile or two away, furnishes still water bathing, ten degrees higher in temperature, to those for whom the ocean billows are too lively or too cool."

MANNERS FOR HOME.

What strikes one as an odd thing is that many are able to exercise patience and common sense abroad, but find it an impossible task at home. With them everything is done at large, and at the expense of their own circle. In other people's houses they have a face like a benediction, whilst in their own it is disfigured with frowns. Of all follies this is one of the greatest. As if it were not their interest, let alone their duty, to do exactly the reverse. If anybody has a mind to be cross, snappish and disagreeable, let him choose a field for giving vent to his ill humor as far removed from home as possible. Our best side should be turned not to strangers, but to those with whom we dwell, and whilst it is right to wish for a good opinion of everybody, we should be anxious most of all about the favorable impression we make on our own folks at home.—Suggestion.

DISINFECTION OF INSTRUMENTS.

J. H. Pollak (Deut. Med. Woch., No. 36) has made comparative investigations on the various methods of disinfecting cutting instruments. He has employed pure alcohol, diluted alcohol, spiritus saponis kalinus, hydrargyri perchl. (1 in 1,000 and 1 in 5,000), carbolic acid (1 in 50 and 1 in 20), and formalin (1 in 500 and 1 in 1,000) as chemical means of sterilization; mechanical cleaning with sterile water, with alcohol, and with spiritus saponis; and sterilization with boiling water and with boiling soda solution. He used a shoemaker's awl as a test instrument, and infested this with pus containing virulent staphylococci, so that the conditions met with in surgical practice were imitated. Only in a few cases did he use anthrax spores. In his first series of experiments he found that all the chemical agents except formalin were capable of destroying the stphylococci in twenty-five minutes. In the second series he determined the number of colonies which grew after treatment with formalin for five, ten, fifteen, thirty, forty-five and sixty minutes, and two and three hours. The results show that formalin is of no use for the sterilization of instruments. Carbolic acid (1 in 20) and spiritus saponis kalinus were capable of destroying all bacteria used (staphylococci and streptococci) in five minutes, and in a further row of experiments the number of colonies found after treatment with these agents for one, two, three, four, five, six and eight minutes show that carbolic acid is only slightly more antiseptic than soap spirit. Mechanical cleaning with spiritus saponis for thirty seconds proved sufficient to sterilize the awl, while, when water or alcohol was used, a longer time was necessary. He concludes that: First—Boiling, and especially in soda solution in a closed vessel, is the best means of sterilizing, but that sharp instruments are blunted by the process. Second—Soap spirit is capable of sterilizing sharp-edged instruments in fifteen minutes, without blunting or otherwise affecting them, when infected with ordinary pyogenic organisms. Third—Mechanical rubbing with soap spirit for thirty seconds is an excellent procedure. He further states that in actual surgical practice he has had every reason to be satisfied with this method of cleaning sharp instruments.—Br. Med. Jour., Nov. 9, 1901.

DENVER HOEMEOPATHIC COLLEGE.

The Denver Homeopathic College will hold its eighth annual commencement exercises Thursday evening, April 24, 1902, in the Trinity Methodist Church. There are eleven candidates for graduation. Hon. John W. Springer will give the address of the evening. The music will be furnished by a choir of one hundred trained voices under the direction of Professor Whiteman, assisted by Mrs. Whiteman as soloist. A number of prizes have been offered by friends of the college to be awarded for proficiency in certain branches. These will be awarded at the close of the exercises. All friends of medical education are cordially invited to attend.

Following the graduating exercises the faculty, students and friends will adjourn to the Brown Palace hotel, where the annual banquet will be enjoyed. For this occasion the committee has made complete arrangements for a feast of the best things for body and mind. With this will close one of the most satisfactory years in the history of the college.

A HOME-LIKE SANATORIUM.

Denver, Colo., April 4, 1902.

To The Critique—Ever since my pleasant visit to the Benjamin F. Bailey Sanatorium at Lincoln, Nebraska, in October last, I have intended asking you for a brief space with reference to this most pleasant home-like institution. I know of nothing it resembles more than a large home, with just such conveniences as we would all be pleased to have in our homes. All who know Dr. Bailey and his delightful family can appreciate what he and they combined can do toward making a home pleasant. It has been my pleasure to visit them many times in their private home, and it is an added pleasure to feel that this same spirit now prevails in so much a larger home. There is none of the hospital element apparent in the institution, and yet the conveniences of a hospital are at hand, nor is there anything to suggest a hotel. There are rooms for amusement of various kinds, for exercise, parlors for entertaining friends, baths of all kinds, electrical appliances of the latest and most approved patterns, and apparently everything that could be wished for the treatment and entertainment of the chronic invalid, but with it all such a home-like air that people who have ceased to be invalids are in danger of crowding out those who are in need of the benefits of treatments afforded by the good doctor. The building is a large stone and brick structure, all newly fixed up, with hardwood floors, and beautifully furnished; all the rooms are nicely lighted and cheerful in appearance. The doctor is well equipped with suitable help for nursing, physical culture and for the various departments which usually go with up-to-date work along the lines in which he is working. I am pleased to call the attention of your

readers to this institution because it is an institution that should receive the support of Denver physicians when they have patients that require the benefits of a sanatorium. It is within easy reach, is well managed by a man who is widely and favorably known in homeopathic circles.

It is not only a homeopathic institution, but it also is an institution of which the profession will have occasion to feel proud when it understands the true scope of the work being done there.

Dr. Bailey is always pleased to have visits from physicians, and I have no hesitation in saying that I believe any of your readers can have a pleasant day with him when convenient to stop off.

Trusting this communication may act as a stimulus for our physicians to give some thought and investigation to an institution that I believe worthy of our patronage, I am, yours fraternally,

DAVID A. STRICKLER.

SURGEONS AND PHYSICIANS FOR THE COUNTY HOSJITAL.

The medical and surgical staff of the county hospital for the fiscal year commencing March 1st has been compiled. It follows:

Medicine—First three months, W. J. Rothwell, M. D., and C. B. Van Zant, M. D.; second, Henry Sewall, M. D., and C. A. Graham, M. D.; third, J. N. Hall, M. D., and G. E. Tyler, M. D.; fourth, H. B. Whitney, M. D., and J. Nichols Vroom, M. D. First four months, George E. Brown, M. D.; second, Edwin J. Clark, M. D.; third, C. E. Tennant, M. D.

Surgery—First three months, C. B. Lyman, M. D.; second, S. D. Van Meter, M. D.; third, W. B. Craig, M. D.; fourth, Leonard Freeman, M. D. Twelve months, J. W. Harris, M. D.

Obstetrics—First four months, Laura L. Liebhardt, M. D.; second, T. M. Burns, M. D.; third, T. E. Taylor, M. D. Twelve months, R. O. Butterfield, M. D.

Gynecology—First six months, C. S. Elder, M. D.; second, I. B. Perkins, M. D. Twelve months, William R. Welch, M. D.

Diseases of the Eye and Ear—First four months, Edward Jackson, M. D.; second, John Chase, M. D.; third, D. H. Coover, M. D. Twelve months, David A. Strickler, M. D. Consultant, W. C. Bane, M. D.

Genito-Urinary Diseases—First four months, George C. Stemen, M. D.; second, John Boyce, M. D.; third, Sherman Thompson Brown, M. D. Twelve months, J. W. Harris, M. D.

Nervous and Mental Diseases—First six months, S. D. Hopkins, M. D.; second, Edward Delehanty, M. D. Twelve months, C. W. Enos, M. D. Consultant, H. T. Pershing, M. D.

Diseases of the Nose and Throat—Robert Levy, M. D.; Grant S. Peck, M. D.

Pathologists—J. A. Wilder, M. D.; Philip Hillkowitz, M. D.

Orthopedic—G. B. Packard, M. D.

Dermatology—J. M. Blaine, M. D.

Dentist—S. Riche Loutano, D. D. S.

—Rocky Mountain News.

BOOK REVIEW.

PRACTICE OF MEDICINE.—Containing the Homeopathic Treatment of Disease, by Pierre Jousset, M. D., Physician to St. Jacques Hospital of Paris; Professor of Clinical Medicines; President of the Homeopathic International Congress, held at the Paris World's Fair in July, 1900; Fellow of several Scientific Societies; ex-Interne Loureat (Gold Medal) of Paris Hospital, etc. Translated by John Arschagouni, M. D., of New York. Published by A. L. Chatterton & Co., New York, 1901.

The favorable opinion one forms of this work from its substantial and elegant outward appearance is by no means lessened after once having had the opportunity of a careful perusal of the contents; in fact, as one becomes more accustomed to its peculiar arrangement the more thoroughly they are impressed with the sterling quality of its teachings. The work is divided into twenty-seven classes and many of these, such as the class devoted to fevers, neuroses, diseases affecting the digestive organs, the respiratory tract, circulatory system and genito-urinary organs, is divided into parts, subdivisions, sections and books, so that each subject is treated in not only a very comprehensive manner, but is also arranged in a way readily sought out by both student and physician. Besides giving the general history of the different morbid conditions, this work also gives the different forms of the same disease, accompanied by the therapeutic indications of each form, as well as the accidents and complications liable to arise in each. The therapeutics of the several diseases is considered under each in a manner somewhat different from the usual custom, inasmuch as the remedies instead of being given in alphabetical order are considered according to their importance to the disease under consideration, and cannot help but impress upon the mind of the reader the very important fact that the author is giving them the benefit of a thoroughly practical and successful experience, an experience, by the way, which covers a period greater than is usually allotted to most men in which to follow a chosen calling. Both student and practitioner will find a wealth of useful information in this work, and this department takes unusual pleasure in calling attention of the profession in general to the excellence of Jouset's "Practice of Medicine," and the meritorious work done by the translator. J. W. M.

CALCAREA FLUORICA IN NASAL CATARRH.

Dr. Fanning thinks that this is the best remedy that we possess for catarrhal affections of the nasal and frontal bones with fœtid discharges, or for actual necrosis with foul odor of dead bone. Catarrh of the head and nose, with stuffy feeling; yellow or greenish-yellow discharge with sickening odor, which is noticed by the patient himself; discharge may be also yellow, irregular-shaped lumps. Hawks small lumps from the throat; at times these lumps are very acrid.—Medical Century.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

A perfectly proportioned man is said to weigh twenty-eight pounds for every foot of his height.

Dr. J. M. Lee of Rochester, New York, is president of the New York State Board of Homeopathic Medical Examiners.

There are 169 male and six female foreign physicians, surgeons and general practictioners located in London, England.

The Johns Hopkins hospital uses no drugs in the treatment of typhoid fever, yet has a larger percentage of cures than any other hospital in the country.—The Medical Age, January, 1902.

Consolidation seems to be the watchword of the times. The Critique is informed on trustworthy authority that the Gross Medical College and the Denver University Medical College will amalgamate and be run as one medical college in the future.

Miss H. J. Fisher of Elkhart, Indiana, is in charge as head nurse of the Bailey Sanatorium of Lincoln, Nebraska. Miss Fisher is a graduate of the Hahnemann Training School for Nurses of Chicago. It is claimed that the Bailey Sanatorium is the finest of its kind in the West, equipped with every convenience for the treatment of the sick.

The Critique of Denver appears on our table in a handsome two-color cover, and in every other way improved. The former rough paper has been repalced by a fine smoothly finished material. The contents bespeak the care and selection of the editors. There is only a minimum of scissor-work.—American Physician.

There have been found recently in the Buffalo stock yards, dressed hogs which were evidently infected with smallpox. This was recognized by Dr. Ernest Wende, the Buffalo expert, and it is believed that herein is found one of the ways in which smallpox has been scattered through the country. These hogs came from a district in Kentucky where smallpox has been specially prevalent.—Annals of Gynecology and Pediatry, January, 1902.

There is a prettly little bit of romance connected with the recent marriage of Dr. Daniel Richardson of this city to Miss D. Esther Jordan of Plainfield, New Hampshire. As children they played together in the same New England town, and when they grew up as a natural sequence they became sweethearts. Some misunderstanding came between them, however, and they drifted apart. Later Dr. Richardson married a very beautiful and accomplished woman, who died a few years ago, leaving two little ones. Last summer Dr. Richardson visited his old home in New Hampshire, taking with him his little daughter Caroline, five years old. He called upon Miss Jordan, and the old acquaintance was renewed, which resulted in their marriage March 3rd at Plainfield. Dr. and Mrs. Richardson are expected home Saturday and will be at home at 2200 Williams street.—Rocky Mountain News.

Professor Ernst Von Leyden, the greatest specialist of Germany on cancer, and the director of the first medical clinic of the Berlin University, positively declares that he has discovered the bacillus which causes cancer. This is his conclusion, that in malarial districts cancer is never found; therefore, that without hesitation attempts may be made to cure cancer by inoculations with malaria. Malaria, he goes on to state, is most prevalent in the tropics, and for this reason the question is raised: "What are the conditions of cancer in the tropics?" It appears actually that cancer does not exist at all. How simple it will be "after awhile" to send all our cancer cases south and save the expense of a doctor by having the mosquitoes inoculate our patients with malaria and, presto, cure one disease by substituting another, and then any old veterinary can cure the malaria. Oh, happy day.—Ed.

Professor Jacques Loeb of the University of Chicago last week concluded a series of ten lectures at Columbia University on the "Dynamics of Life." The phenomena of vital activity, according to the lecturer's opinion, are due to the enzymes. Among other things Dr. Loeb advanced his new theory of life in which he states that every atom of the human organism is electrified, either positively or negatively. Atoms so electrified are called ions. Electricity is the motive power of the cell, and food acts chiefly to supply the ions with electricity. Despite this omnipotence of electricity in the functions of the body Professor Loeb does not foresee a promising future for the use of electricity in medicine. Light is one of the agents which have a wonderful, far-reaching influence on living protoplasm. Practically every living thing depends at some stage of its existence on the influence of light.

KILLED BY STERILIZED WATER.

Professor Sydney R. Covey, principal of one of the public schools of Utica, New York, who has drunk nothing but sterilized water for several years, is dead from typhoid fever, and an investigation shows that the well used by the concern which furnished the sterilized water is filled with typhoid germs.

ATTEND TO YOUR SUBSCRIPTION.

The following is taken from the Times, Sneedville, Tennessee: "If you have frequent headaches, dizziness, fainting spells, accompanied by chills, cramps, corns, bunions, epilepsy and jaundice, it is a sign you are not well, and are liable to die at any minute. Pay your subscription a year in advance, and make yourself solid for a good obituary notice."

WHY JEWISH WOMEN ARE ANXIOUS FOR MATRIMONY.

At a meeting in the interest of Jewish missions held in Edinburgh, Miss Salkinson related her experiences among the Jewish women in Glasgow, and told of their ignorance with regard to Christian ideas. She pictured the insignificant post Jewish women occupied among their own race, and showed how they were not allowed to know much of the Bible. Jewish women, she said, dreaded the after life if they did not get married, believing that the prayers of husbands and male friends saved them from having to sit for several years on a stone in the "dreadful place." A father's threat to his daughter was that he would not get her a husband.—Health.

APHORISMS.

To carry care to bed, is to sleep with a pack on your back.—Haliburton.

To persevere in one's duty and be silent is the best answer to calumny.—Washington.

When one has no design but to speak plain truth, he may say a great deal in a very narrow compass.—Steele.

There are some kind of men who cannot pass their time alone; they are the flails of occupied people.—Bonald.

When any calamity has been suffered, the first thing to be remembered is, how much has been escaped.—Johnson.

True bravery is shown by performing without witnesses what one might be capable of doing before all the world.—Rochefoucauld.

The highest wisdom is continual cheerfulness; such a state, like the region above the moon, is always clear and serene.—Montaigne.

Candor is the seal of a noble mind, the ornament and pride of man, the sweetest charm of women, the scorn of rascals and the rarest virtue of sociability.—Sternac. (Medical Council.)

THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of of the Missouri river. Hence, it is the best medium through which to advertise.

Chicago, Union Pacific & Northwestern will take you to Chicago in only one night out from Denver.

Hypotone, a tonic wine of hypophosphites, a definite, exact, permanent solution. Eight-ounce bottles only 50 cents.

The Dr. Deimel underwear is a true friend of the skin, and a source of comfort and healthfulness to all who wear it. Gano & Co. of Denver sell these goods.

G. W. Flavell & Bros. solicit the physician's patronage direct for all kinds of elastic trusses, abdominal supporters and elastic stockings. Read their ad. on page 12.

Papine is the pain relieving principle of opium. It produces no tissue changes, no cerebral excitement, no interference with digestion. Battle & Co., manufacturers.

A pneumatic mattress is ideal, clean, wholesome and cannot become hard or lumpy. When the public becomes acquainted with its virtues few will be found who do not sleep upon it.

To "build up" and enrich the blood in all cases of anemia do not forget the use of iron and manganese in neutral organic combination, known the world over at Pepto-Mangan ("Gude").

Mellin's Food has become the standard because it is a real food—a food that feeds. Do not waste time or money in trying cheap baby foods. The best is the cheapest. Mellin's Food has stood the test of time.

Another manufacturer of Denver that is coming to the front is the Fleur de Lis Chemical Company, which produce seidlitz salts, a laxative containing magnesium sulphate and sodium phosphate in effervescing combination. Sold by druggists.

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Is live blood. It is defibrinated arterial blood.
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It aids digestion and is rapidly assimilated.
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It is with pleasure that I attest the merits of Sanmetto, and I think my experience with the drug justifies all the good things I can say of it. I have used it very extensively, and especially do I find it valuable in allaying inflammation in the prostatic urethra before surgical operations, and in keeping the urine bland and non-irritating after the operation is complete. It always has a soothing and sedative effect upon the kidneys, bladder and urethra. I shall continue its use in all forms of genito-urinary irritation. THOMAS P. GRAHAM, M. D.
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Marach is a soft and non-poisonous, soothing antiseptic poultice and surgical dressing, always ready for immediate use.

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Always apply Marach hot except for burns.

Dr. Soederbaum, professor of chemistry, University of Stockholm, Sweden, states that wool, even in its raw state, is apt to contain traces of arsenic, and that its presence in manufactured articles is not conclusive evidence that it has been employed in the process of dyeing. His explanation goes to show that the wool fiber is apt to absorb arsenic from solutions applied to the sheep as a preventative of or cure for skin disease. The arsenic is apt to enter into the very structure of the wool fiber and become part of it.

This theory has been confirmed by Dr. Setterberg of Stockholm, a chemical expert, employed by the Swedish government.

While the amount of arsenic so absorbed is not apt to be sufficiently large to do much harm, yet the Swedish authorities exclude all woolen articles containing traces of arsenic from import. We do not see how arsenic, which has become part of the wool fiber, is apt to do much harm in the form of clothing, except underclothing, where it might cause some irritation of the skin, resulting in rashes, a not unfrequent concomitant of wearing woolen underwear.

However, as we are, by all appearances, returning to the wear of linen next to the skin, there is a way out of the difficulty. In this connection we call attention to the advertisement of the Deimel Linen-Mesh System Company in our present issue.

DID IT EVER OCCUR TO YOU

That gratitude decreases in inverse ratio with the lapse of time following the beneficent act?

That the longer you allow an account to stand the harder it is to collect?

That a favor is soon forgotten, but that an injury is brooded over, making the resentment stronger with the years?

That short accounts make long friends?

That you gain only your patient's contempt for your business methods, when you allow him indefinite time for the payment of his bill?

That medicine is a business as well as a science, and that the physician who is most business like in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you seek to pluck the persimmon of professional success?

That the average man appreciates most what costs him most?

That it is better to make six two-dollar visits a day than a dozen dollar visits?—Medical World.

THE CRITIQUE.

VOL. IX. DENVER, COLO., MAY 15, 1902. NO. 5

THEORY AND PRACTICE.

CONDUCTED BY DR. W. A. BURR OF THE DENVER HOMEOPATHIC COLLEGE

GOOD HOMEOPATHIC CURES.

In the February number of the Journal of Homeopathics H. Becker, M. D., of Toronto, Canada, gives the following clear cut cases of homeopathic cures:

I recollect a case of renal colic where the general indications were markedly Nux, which relieved in a short time. It was morphine according to the old school, but Nux did better work with no unpleasantness after it. A case of severe paroxysmal pain, of sixteen hours' duration, described by the sufferer to be like grasping and twisting the contents of the abdomen, for which she sat on the floor with her back to the wall, knees drawn up and pressed against the abdomen, and when this posture became too tiresome she would throw herself prone and press the abdomen against the floor. With it all she was very irritable. Colocynth was given and in fifteen minutes she declared she felt as well as ever.

Severe pain in epigastrium in a fleshy woman, about sixty years of age, accompanied by vomiting and cold perspiration, was relieved in a few minutes by veratrum-album. Headache worse on the right side and worse from noise and light, face flushed, was made easy in a very short time by Belladonna.

Neuralgia of the left side of the face, temple and orbital region, causing the patient to scream, was endurable in fifteen minutes and soon passed away completely under Staphisagria.

A school girl, seventeen years of age, had pain in left ear for eight or ten hours. There was slight mitigation from hot applications. The tympanum was red and bulging, and the pain extended to face, head and neck. Under Lachesis she

got almost immediate relief, the inflammatory action subsided and in a few days she had quite recovered from the grippe, of which the ear trouble was a part. Gall-stone colic, so intense as to make the whole right abdomen painful, subsided under Chelidonium and the patient fell asleep.

Young man, nineteen years of age, had rheumatic fever last autumn. Pain gradually left after a month of allopathy, but the feet were tender all winter. In May another acute attack set in, and bearing in mind the experience of six or seven months before the parents decided to try osteopathy. After three weeks it appeared as if the patient would die and the medical attendant,I understand, found that he had business out of town, and then homeopathy was resorted to. It was a well marked Rhus tox. case, and in three days the sick boy was walking about the house during the day and sleeping soundly at night. The pain left the neck in twelve hours, and went from shoulders, through elbows to hands, and from knees to ankles, and then left—a beautiful case. Osteopathy is much preferable to allopathic drugging as it is preferable to use no drugs rather than use them without knowing how. Osler talks against "polypharmacy, or the use of a large number of drugs of the action of which we know little, yet we put them into bodies of the action of which we know less." An honest confession is good for the soul. Results such as I have given are common in the experience of every homeopath here. And our confreres of the ancient and barbaric faith and practice say we got the easy cases. Neither will they be persuaded though one rose from the dead. B.

A NATRUM MUR. HEADACHE.

I was treating a gentleman for chronic effects of la grippe When calling upon him one day I found his wife with head bandaged suffering with an excruciating headache. Mr. B. said: "Doctor, I wish you could give my wife something to stop these headaches, it makes her so cross and irritable." On careful questioning I elicited this one keynote, "very fond of

salt." Her husband said "he couldn't get any vinegar pickles for his own use, for his wife would eat them out of the salt brine." Without saying a word as to the purpose or symptom I prepared a powder of nat. mur. (Boericke & Tafel's 200th, in my case for fifteen years), and said: "Take this dry on your tongue." She complied, and nothing further was said. About a week after she said to me: "What in the world was in that powder you gave me? I haven't had the headache nor eaten any salt pickles since then, and I have no desire for them." There was no "suggestion" about it, for I made none, only as to the probable relief of the headache. Dr. Samuel A. Jones would say (with Hahnemann, Hempel and the host of heroic homeopaths of the past and fast passing generation): "It was the properly selected remedy that did it." Let any of the materialistic brood who are ashamed to call themselves homeopathic physicians account for the result in any other way, or try to produce the same or like results by your five to thirty drops of ———, or ten to twenty grain doses of some coal oil product.—Homeopathic Recorder.

ANTITOXIN.

Dr. Goodno contributes a paper to the Hahnemannian Monthly of June in which he speaks warmly of the power of antitoxin over diphtheria. He has treated 217 cases and only lost nine. He pleads for a more concerted serum and more persistent administration.—Medical Era.

(This is a loss of only four and one-seventh per cent.)

B.

OSTEOPATHY.

The April number of the Hahnemannian Monthly contains a lengthy and withal a fair and considerate review of osteopathy. The editorial is nearly six pages in length and contains several authoritative quotations from Dr. Still as to what osteopathy claims to be, as well as quotations from a variety

of documents setting forth the cardinal principles of the new pathy.

That cool and careful medical journal comes to the following conclusions:

First—Osteopathy offers no new contribution to the science of medicine.

Second—It is only one of many methods of treating disease, differing only in a slight degree from similar ones already in use, in the attempt to prove its universal applicability by scientific half-truths.

Third—It makes the same exaggerated claims as to its efficacy which are regarded as characteristic of quackery.

Fourth—The better educated of its adherents find difficulty in reconciling its fundamental principle of the mechanical cause and treatment of disease with their knowledge of universally accepted facts.

Fifth—In spite of this, this class of adherents is desirous of upholding the good name of osteopathy by insisting upon a thorough medical training for its graduates.

Sixth—There are others, however, who care for the "profession of the twentieth century" only as an easy road to financial success, regardless of the ignorance and credulity which they tend to foster by their efforts to extend their system.

Seventh—Under the circumstances, the making the teachers and practitioners of such a system "legal practitioners" must be regarded as a misfortune, in view of the requirements set for other medical schools. B.

It is really amusing, when we stop to think of it, how seldom we find fresh current reading matter in doctors' offices. As a rule, the magazines lying on the table in doctors' anterooms are of the mouldiest order, as far as dates are concerned.—Ladies' Home Journal.

The Baltimore Sun tells about a school teacher in Baltimore county who recently asked the class what were the five senses, and a bright boy replied: "A nickel."

ARSENICUM ALBUM.

Prof. R. O. Butterfield of the Denver Homeopathic College furnishes the following case of cure with arsenicum album 3x, which presents some points of especial interest:

A native of east Germany, aged sixty-eight, never used tobacco, but has used beer freely up to two years ago.

During the last year he had been morose and fault-finding; wanted to be quiet but did not like to be alone; noise made the pain in the right side of his head worse; eyes bloodshot but not especially sensitive to light; face wan and pale, with a tired look.

No appetite; usually vomited food as soon as taken; burning in the stomach with feeling of something heavy in it; a continual desire to drink water, taking only a swallow at a time; has ceased to want beer because it is vomited up; violent retching with the vomiting; soreness over the abdomen, presumably due to the retching.

Burning pain deep in the small of the back; urine scanty and passed with difficulty; always burning during micturition; sometimes he notices a burning all of a sudden and finds a little urine has passed involuntarily.

Pulse rapid and irregular; temperature 101.2.

Patient very weak and yet he persists in being up days to be with his family. He speaks with difficulty, as if weak and in pain. Feels worse the second half of the night, sleeping only a little, with nightmare; sometimes he thinks the house is burning up.

I saw patient at 9 p. m. April 19th and prescribed arsenicum album 3x, telling his wife to report next morning, which she did at 9 o'clock, saying her husband was feeling better than he had for nearly a year. April 24th she called for more medicine, reporting the patient as feeling stronger and wanting lemon pie and beer. He passed more urine and had but very little burning with it.

Case 2—A locomotive engineer, aged sixty-two, had been ill two months. Receiving no help from the railroad surgeon, I was consulted. The last medicine he had taken was very

sour and so severe in its effects upon the stomach that he was afraid to take any more.

I found him full of anxiety and apprehension lest he might not get well.

He complained of a dull, heavy pain in the left hypochondrium, which, as he expressed it, "would rise up and shut off his wind whenever he lay down, so he could not sleep." For several weeks he had been unable to sleep even reasonably well, except when he sat upright in a chair. He was fearful that a cancer or other tumor was growing in his stomach and would finally kill him.

He would wander around from place to place, from bed to lounge and chair and even the floor to get snatches of sleep.

He had no fever; the pulse was slow and labored, but regular; the bowels were constipated, with swelling and sensitiveness over the epigastrium. His appetite was good and he ate heartily.

To antidote the effects of the medicine he had been taking I gave him Nux 3x. This was followed by Phosphorus and then China, but he received from them only a little relief.

The mental and gastric smyptoms, as well as his inability to lie down, and also the disposition to wander from place to place to get ease and sleep were all characteristic indications for Arsenicum album, which was given in the third decimal, and he at once began to improve. "He slept like a baby" the first night and continued to improve under the remedy.

After using the Arsenicum two days a diarrhoea with black, tarry stools set in, thus confirming the diagnosis of catarrh of the bile ducts. Some Leptandra 1x was also given. Under these remedies he is rapidly improving and bids fair to soon be quite well.

The above cures were both effected with small doses of a common remedy on strict homeopathic principles. When such grave conditions can be speedily relieved and quickly cured with doses too small to work any possible harm, how can the genuine physician refrain from becoming enthusiastic for homeopathy? B.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY DAVID A. STRICKLER, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN THE DENVER HOMEOPATHIC COLEGE.

Dr. Olivier Lenoir gives a valuable contribution to the study of antrectomy in the Annals of Otology, Rhinology and Laryngology for February, in which he gives the results of a study of a large number of skulls of all ages and conditions of people. In relation to the position of the mastoid antrum and the best way to reach it, his conclusions are:

First—It is easy to establish certain land marks and to fix a point of election.

Second—It is relatively easy, in performing the operation, to avoid wounding any important organs.

It is a useful operation in that it permits the opening of the antrum and efficacious intervention in all complications of otitis media. The mastod route appears the best of those proposed for the surgical therapeutics of the intracranial complications of otitis.

The contribution seems especially valuable in showing the position of the antrum at birth and its change of position in the development of the child, of which he says: "The antrum, situated, at first, in the fetus at term, above and a little behind the roof of the osseous canal, changes its position in proportion to and in measure with the age from above downward and from before backward, descending and receding more and more from the apex of the canal. The curve dscribed by these successive positions reaches a horizontal line drawn through Henle's spine, about the tenth year. From this time on the center of the antrum does not further descend, but recedes horizontally backward until it attains a maximum distance of seven millimeters in adolescence.

At birth and during the first year of life he found the antrum to lie at a depth of from two to four m. m. and easily

penetrated with a dull bistoury. As the child increases in age, the antrum recedes irregularly, varying in direct proportion to age, but not necessarily corresponding to any exact figure for the respective years, until in the adult the antrum may lie anywhere from four to six m. m. to 2.7 c. m. As a special landmark in young children, and one that he thinks has not been studied by others, are certain vascular foramina, visible in all crania he examined. In children the zone of vascular foramina is easily visible, appearing in the prepared skull as a veritable sieve, with very small holes, and in the fresh cadaver of a child as a spot resembling a sanguinous suffusion in the bone. At this point the bony tissue engorged with blood is particularly soft and friable. By a valuable coincidence, in fetuses of more than eight months and in children from one to two years old, which I have examined, I have always found the antrum to correspond exactly to the before-mentioned spongy spot. Why? I do not know, and I am not ashamed to say it, but in every case it so happened. The bone in this position is so friable and the landmark so positive that there is nothing easier than to uncover the antrum in a subject of the age indicated by scraping the bone with an old notched bistoury. Later on the vascular zone corresponds to the posterior part of Henle's spine. Curious point in this connection, for it is Henle's spine which becomes the landmark. It seems that these points, which serve as a guide, describe in proportion to the age a curve from before backward and from above downward, the center of which is situated almost at the apex of the osseous canal. We shall later see my studies have led me to describe an identical change in the position of the antrum depending upon the age."

In determining the position of the antrum in later life, he considers it with relation to three anatomical points, viz.: The supra-mastoid ridge, the mastoido-squamous suture, and Henle's spine; full descriptions of each are given. He found in every instance, child and adult, that the antrum lay below the supra-mastoid ridge, above and auterior to the mastoido-squamous suture. Two points not constant in children. In the latter the vascular zone of foramina—tache-spongieuse—is sufficient to designate the exact position of the antrum. In the

adult Henle's spine becomes the point of great import. He says: "We know that in adults the center of the petrous antrum is found at most seven m. m. behind Henle's spine, and upon a horizontal line passing through this landmark. It is of little importance to enter at the exact mathematical center; it is even preferable to strike the superior portion of the antrum; the aditus will be easier to cathterize and being high up, we run less chance of wounding the horizontal portion of the facial. We then make the lower plane of the opening at the level of Henle's spine, or slightly below the horizontal line passing through it. In adults we must trephine below the supramastoid ridge anterior to and above the mastoido-squamous-suture, behind the auditory meatus.

"The opening made in the external table will have the form of a square of one c. m. to the side, the base being slightly below, also at the level of the horizontal line passing through Henle's spine, and the anterior vertical cut five m. m. behind this eminence. It is evident that in children, according to age, the dimensions of the openings should be less. In all cases the center of the opening should be rather higher and more anterior the younger the subject."

Any contribtuion which gives definite landmarks relative to the position of the antrum in an individual case, and shows a means of reaching the same without encroaching too closely upon the dangerous zones must be appreciated by the operator when opening a mastoid. For this reason the present contribution seems especially timely and valuable.

GOAT MILK FOR CONSUMPTION.

Robert Williams, who has cured himself with goat's milk, is establishing an immense goat camp in the Mogollon mountains of Arizona. Williams has cured a dozen others with the milk of the Angora goat and exercise. No meat and limited use of vegetables. A pint of milk, with bread, night and morning, with a half pint at intervals of two hours during the day. J. W. A.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA, DENVER HOMEOPATHIC COLEGE.

EIGHT REMEDIES IN RHEUMATISM.

According to the Homeopathic Journal of Obstetrics the following remedies are among the most important:

Aconite may be thought of early in the attack. There is restlessness, fever, and involvement of the joints; this remedy is of special importance when the cause of an attack can be directly traceable to a chilling of the body.

Belladonna is specially indicated when there are febrile symptoms; general malaise, aching all over the body, sore throat and stiff neck. There are painful spots that are sore on gentle pressure, yet firm pressure is tolerated. Pains gradually increase, suddenly decline and appear elsewhere. The pains are cutting, tearing and lightning like through the joints.

Bryonia is useful in either muscular or articular rheumatism. The swollen joints are very sensitive to the touch; the slightest motion is intolerable; the joints are hot and shining, and the skin looks as if it had been stretched over them; heat applied externally affords relief; the bryonia patient differs from the rhus tox. one, in that he is made worse from the slightest motion, while with rhus the patient is continually moving about.

Mercurius has the tearing pain that is not relieved by sweating; the pains are worse at night, and from the warmth of the bed; the joints look swollen and pale. There may be gastric disturbance, with coated tongue, taking the imprints of the teeth; a foul breat. There may be extension to the heart, lungs and pleura.

Pulsatilla has the changeableness and tendency to shift about from joint to joint; there is aggravation from warmth, and relief from cold. There is relief from motion, and in the cool, open air. The joints are very sensitive, but without any visible signs of inflammation.

Rhus toxicodendron patients cannot bear cold air; the pain and stiffness are made worse on commencing to move, but continued motion brings relief. This remedy has a wider range of usefulness in rheumatism than any other remedy. The rhus patient is made much better by dry, warm, external applications.

Apis is useful when the pains are of a stinging or burning character; there is much œdema of affected parts, and synovitis.

Arnica is most useful to rheumatism that has been brought on from exposure to dampness, cold weather, and where there has been excessive muscular strain; the parts feel sore and bruised; the patient has a dread of being touched; the urine is scanty and high colored; the patient is chilly in bed; there is great internal heat and sour sweats.

From the Fort Wayne, Indiana, Evening Sentinel of April 5th, we are pleased to quote the following relative to a few remarks made by that eminent homeopathic teacher and author, W. A. Dewey, A. M., M. D., a man who never forgets that he is a homeopath and never fails to "tell them all about it" whenever an opportunity offers:

"The principal feature was an address by W. A. Dewey, A. M., M. D., professor of materia medica of the homeopathic department of the Universtiy of Michigan, and his subjects were "What is Homeopathy?" and "Preventive Medicine." Dr. Dewey asserted that the homeopathic school was the only one that had a law or rule which guided in the selection of a needed remedy, and cited an instance where a description of a case was sent to twenty eminent physicians, ten of the homeopathic and ten of the regular school. All of the ten homeopaths, he said, responded, each selecting the same remedy, and it was a single remedy, not a combination of remedies. Eight of the regulars responded, and no two advised the same remedies, all the selections being compounded of four or more drugs, making a total of forty-two drugs in the prescriptions of the eight allopathic physicians, and no two alike. Dr. Dewey therefore reasoned that the regulars were very irregular in their practice.

"Dr. Dewey laid emphasis on the fact that homeopathy courted investigation; that it had no secrets; that it had never refused a challenge of a test at the bedside, and claimed that in every case where a test of the comparative value of the treatments had been made in hospitals, homeopathy had proven itself about thirty per cent. the more valuable in saving life, shortening the course of the disease and the period of convalescence. Dr. Dewey was listened to with profound attention, and at the close was enthusiastically applauded."

SOME COMPARISONS.

Colocynth—Colic better bending double or pressing something hard into abdomen.

Dioscorœa—Colic pains radiate from abdomen to other parts. Colic relieved by walking and throwing the body backwards.

Aconite—Fearful, anxious, dreads things, fear of death.

Aurum—Suicidal tendency, "looks on the dark side."

Chamomilla—Spiteful and uncivil, can't bear any pain.

Coffea—Wakeful, "ideas keep him awake," pain of any kind intolerable.

Nux Vom.—Sullen, irritable, wants to be let alone.

Pulsatilla—Tearfulness; mild; gentle, yielding disposition, seeks consolation.

Natrum Mur.—Mild and tearful, but consolation aggravates.

Arsenic—Facial neuralgia, with fine hot needle-like pains, better from warmth.

Platina—Feeling of steady compression with numbness, wants to rub the part.

Camhomilla—Intolerance of pain, peevish and ill-humored, aggravation from heat.

Verbascum—Crushing pains, as if parts were between tongs.

Aconite—Pulse hard, quick and bounding, anxious and tossing about.

Gelsemium—Soft, flowing, compressible pulse, drowsy, dull, quiet; countenance suffused.

Calcarea Carb.—Fair, fat and flabby large abdomen, stool watery, white mixed with curds, craving for eggs.

Calcarea Phos.—Dark hair and eyes, abdomen retracted and flabby, stool green, slimy, with much flatus, craves salt and smoked meats.

Belladonna—Face flushed, throbbing headache, worse from uncovering the head and in the open air. Better from beinding head backwards and holding head still.

Glouoine—Face not flushed, violent throbbing headache, worse from bending head backwards, cannot keep still, must walk about. Better from uncovering in the open air.

Arnica—Typhoid fever indifference, don't know or care that they are sick, goes to sleep answering questions, head hot, body cool, bruised, aching feeling all over body, bed feels too hard, tosses about to find a soft spot; petechiæ all over body, involuntary stools and urination.

Baptisia—Typhoid fever, mind wanders, restless, can't sleep, thinks he is scattered about or double and must get the pieces together again, great prostration, bruised, aching feeling all over, face has a heavy, besotted look, eyes heavy, exhalations and all excrtions are decidedly offensive.—C. H. M., '02, in Chironian.

PHARMACODYNAMICS AND THERAPEUTICS.

Staphisagria—Is deserving of especial mention for pains following surgical operations about the abdomen, particularly that of appendicitis. It seems to soothe in a marked degree pains in wounds made by sharp cutting instruments.

Agaricus—Is an useful remedy in intemperate persons who are excessively nervous, have loss of appetite, insomnia and constipated bowels. The remedy is also most useful in diarrhoea in wet weather, with much rumbling; worse mornings after rising and after eating. Stools slimy, thin and yellow.

Nux Vomica—Is the greatest remedy in dysentery when it occurs in a regular hæmorrhoidal sedentary subject, or when due to debauchery and high living. Straining, changeable stools, aggravation from drafts and hæmorrhoidal complications are good indications. Do not always prescribe mercurius corrosivus and arsenicum for dysentery.

Hepar Sulphuris—Given a history of scarlet fever, a perforation of one or both membranes of the ear, a purulent discharge and a deafness that is really pronounced, and we have a group of indications that can be proved to be reliable and that call for hepar. It is in the restoration of hearing that hepar shines with much brilliancy.

Absinth—Nothing resembles so closely the phenomena produced by absinth as the action of nux vomica on the healthy human body. That is why nux is the best remedy to combat the sufferings produced by the abuse of absinth.

Allium Sativum—The inhabitants of many of the provinces of France believe that garlic, on account of its stimulating properties which it produces in those who habitually use it, renders them capable of resisting the action of deleterious miasms—such as low fevers and contagious diseases.

Iritis—In an iritis, with nightly aggravation, great sensitiveness to light, symptoms which might suggest rhus, but which are not relieved by that remedy, quickly disappear under the use of mericurius corrosivus 6x.—R. S. C.

Glaucoma—Periodical exacerbation of the pain, the attack appearnig about the same time each day of an intense burning variety, arsenicum 3x will not only relieve, but has been known to actually cure glaucoma.—R. S. C.

Borax—In Hahnemann's pathogenesis of borax is found the following:

"A woman who had been sterile for fourteen years, and who took borax for a leucorrhoea which was exceedingly acrid, became pregnant and the leucorrhoea diminished."

"Five women became pregnant while taking borax." It is not meant by this that borax has the virtue of making childen, nor should it be administered in a general and empirical manner to sterile women, but these points may be considered as elements of the individualization of the case. A

sterile woman, with plenty of other borax symptoms, would probably become non-sterile.

Arsenicum 3x—Cured a case of chronic indolent ulceration of the nose, involving the skin of the wing of the nose and the mucous membrane within the nares beneath the same. Mercurius and nitric acid had been given without effect, and arsenicum was prescribed on the constitutional symptoms of the patient.—R. S. C.

Belladonna 6x—Cured a case of sudden congestion headwards, manifesting itself by severe knife-like and throbbing pains in the temporal and frontal regions, red face, dilated pupils.

Phosphorus—For general neuræsthenic conditions from over-exertion of the mind, with uncomfortable feeling in occiput. Phosphorus is almost specific.

Psorinum—Should never be neglected in any form of skin disease. It is a wonderful remedy, and will frequently cause the case to take on a movement for the better after it has been stationary for a long time. Use the higher potencies, preferably the 200, a dose every day for a week. You need not take our word for it; only try it.—Medican Century.

EXPERIMENT WITH THE FRENCH TREATMENT OF CONSUMPTION.

Dr. E. V. Helfferich is erecting a sanitarium near Cincinnati, Ohio, for the treatment of consumptives, and is to be furnished three patients by the Associated Charities to take Drs. Hericort and Richet's French treatment, which is said to have proven wonderfully successful. The treatment consists chiefly of meat juice taken from muscular tissues of raw beef. Pine oil sprayed into the atmosphere is inhaled by the patients, and milk is to be furnished them from twenty goats, which are being imported from the Isle of Malta. The walls of the rooms will be antiseptic varnished, and will be washed daily with antiseptics; wall of rooms will be varnished with an antiseptic; also bed clothes disinfected daily. The pillows and mattresses upon which patients will sleep are to be stuffed with pine needles.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

ADENOMA OF THE BREAST.

SURGICAL CLINICS.
BY W. P. VAN LENNEP.

We have here a young colored girl who says she is but sixteen years old. For some time she has had a small nodule in the lower, inner quadrant of the right breast quite near the nipple. It is painful, especially at her menstrual periods; but it has shown no tendency to increase in size.

You will recall that the adenoma is the most frequent form of tumor met with in the breasts of young girls, and that it is usually found in the periphery or outlying islets or peninsulae of the gland. Here we have a tumor almost centrally located; such a tumor is usually either a benign cystic adenoma or a malignant sarcoma, both being usually met between the thirtieth and fortieth year. This rule has its exceptions, however. We are inclined to think that if this tumor were allowed to remain it would, when it enlarges, become cystic or undergo sarcomatous degeneration.

For reasons which I have repeatedly given we will remove the growth, but as she is at the beginning of the child-bearing age we will save as much of the gland as possible. If it becomes necessary to remove the nipple, the breast is rendered useless and we may as well tease the entire gland out. When removing the whole breast the dinner plate incision is used, as you know; but when incising an abscess or removing a portion of the gland, care must be taken to divide as few ducts as possible, hence the incision is made in a line radiating from the nipple. Making the primary incision in this manner, I am trying, as you see, to push the growth as far away from the nipple as possible, in order to avoid injuring it. Notice the almost tendon-like consistency and marked anæmic condition of the virgin breast, differing materially from the vascular functionating breast one meets with in post partum abscess.

After removing the tumor by dissecting well outside of its limits it is found to be stony hard with a small central cavity.

It is undoubtedly an adenoma which sooner or later would have developed the cystic character of an adenocele.

Were this a functionating gland we would feel inclined to leave the wound open, but as there is no secretion we will sew up the gland first and then the skin with separate lines of sutures.

AMPUTATION ABOVE THE ELBOW.

This is another case of infection eventually demanding an amputation of the forearm. Here it has arisen from a neglected felon.

As you know, the synovial sheath of the hand communicates directly with the sheaths of the thumb and little finger, consequently infection rapidly extends from these points. In the case of the index, middle and ring fingers, their sheaths do not connect directly with the sheath of the hand so infection meets a barrier and extends more slowly.

In this case the index finger was infected, then a palmar abscess formed and reaching the general synovial sheath of the hand the infection quickly extended up under the annular ligament and along the tendons and muscles to the elbow. Every effort has been made to control the process, but we are satisfied that the limb is useless and feel obliged to accede to his repeated pleadings to amputate.

Operation—No attempt is made to "milk" the limb as we may force infection into the system; as it is he is running an irregular but persistent evening rise of temperature. A circular incision is used, making long flaps, as we intend to leave the wound open. Tie the brachial and its venae comities and other arteries and veins that can be picked up before loosening the tourniquet. Pull out and cut off the nerves in order that they may retract away from the scar and avoid neuromata. The wound is packed with gauze and no attempt made to suture.

The treatment of syphilis by serum, known as the Sieber cure. By this method wonderful results are claimed, even in the third stages of the disease.

VARICOCELE.

Here we have another inguinal case. This young man has an enlargement in his scrotum. It is on the left side, large when he stands up, but disappearing when he lies down, and when instructed to cough a peculiar impulse or thrill may be felt which may be compared to water running through a narrow tube. The finger placed over the external ring after a hernia has been reduced will prevent its recurrence when the patient stands erect; but here it will not prevent this tumor from reappearing. The left scrotum is larger and more lax than the right and when standing, the characteristic "earthworm" feel of a varicocele may be felt. He has not developed the mental symptoms as yet, but simply complains of dragging in the scrotum and pain in the back. In the majority of cases it is not necessary to operate until these "head symptoms" appear because the supposed bad influence of varicocele on the testicle is largely imaginary. While a large and long-lasting varcocele may cause the testicle to become softer or smaller, it still continues to secrete semen and the impotency, which is mostly in the head, is due to an inability to copulate rather than to loss of fecundative power.

Varicocele usually occurs on the left side. Several anatomical reasons are advanced to explain this. The spermatic vein on the left passes beneath the sigmoid and is liable to compression by accumulated forces; again it empties at right angles into the renal vein while the right spermatic empties into the vena cava obliquely. Varicocele does not occur on the right side, but in such cases the condition is always double.

Treatment—The symptoms are usually relieved by wearing a snugly fitting suspensory, and the local application and internal administration of hamamelis are said to have a beneficial effect. You should try them if there is no urgency.

There are two kinds of operative treatment. The ambulant method consists in the subcutaneous ligation of the spermatic veins under local anesthesia. With the patient standing up roll the cord between the fingers and isolate the vas deferens, recognized by its resemblence to a string of beads. Pass a threaded needle between the vas and the bunch of veins;

then have the patient lie down to empty the vessels and re-entering the needle at its point of emergence, pass it back over the veins, just underneath the skin and bring it out at its original point of entrance. The ligature is then tied tightly and it is during the tying that the only pain of the operation is usually felt, running up the cord to the groin and then to the loin. A more accurate method is the one we will proceed to do here. Incising the scrotum in its long axis the spermatic veins are separated from the vas which drops down, allowing a double ligature to be safely passed around the former which are then divided between the ligature. The cord may be shortened by incising an inch or more between the double ligature, or the same effect may be produced by shortening the scrotum by suturing the vertical incision traversely on the principle of the Heineke-Mikulicz operation of pyloroplasty. Care must be taken not to include the deferential veins, as ligation of these with the spermatics would cause sloughing of the testicle.

Dress with aristol, which keeps out air and water to a certain extent, and cover with plenty of gauze.—The Hahnemannian Institute.

COELIOSCOPY.

Surgeons are a restless and enterprising lot of mortals. It has been supposed for some years that the peritoneal cavity was sufficiently accessible to their attacks, but it appears that they are still unsatisfied. Kelling (Munchener medicinische Wochenschrift, Vol 49, No. 1) has devised a method of examining this cavity which he calls coelioscopy. Hitherto dogs have been his only victims, but he confidently expects to apply this new method to human beings. It consists essentially in filling the peritoneal cavity with sterile filtered air through a hollow needle, then plunging a trocar through the distended abdominal wall and passing through the trocar a cystoscope. Through this cystoscope the adjacent peritoneal surface may be inspected. That this method would be very much safer

than an exploratory laparotomy is doubtful, but it will probably be easier to persuade patients to submit to it, particularly as general anesthesia does not appear to be required.—The Philadelphia Medical Journal.

In Annals of Surgery Hammond reports a case of aneurysm of the superior profunda artery of the left arm. The patient was a male, aged thirty-seven years, who had sustained a fracture of the elbow when he was five years of age. Later, at different periods, the upper part of the radius had been fractured, then the lower portion, and finally he lost the index and middle fingers of the left hand as the result of a crushing accident. Nine months before coming under observation he had noticed a swelling on the posterior surface of the elbow somewhat nearer the internal than the external condyle of the humerus. Pulsation and bruit were present. At one time after striking the swelling it rapidly enlarged and became very painful; when seen by the author the aneurysm was about the size of a guinea egg. After excision the tumor proved to be a sacculated aneurysm; the coats of the artery above and below the growth appeared to be normal.—F. T. S.

Lathrop gives a summary of the history of thirty-five cases of fracture of the skull upon which he has operated. He urges early operation in all cases when symptoms of compression are present or when there is depression of bone. When symptoms of concussion persist for several days, with no sign of improvement, it is strongly indicative of injury to the brain from fracture of the inner plate or from hemorrhage. Fracture of the base of the skull, especially of the anterior and middle fossae, should be treated by drainage. Lathrop usually employs the chisel, elevator and rongeur forceps and rarely uses the actual trephine.—The Philadelphia Medical Journal.

Scarlet fever serum discovered by Dr. von Lyden of Berlin. Great claims are made for this new serum. And it comes from Germany and is expensive. Why don't we Americans wake up and discover something ere it's too late?

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
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EDITORIAL COMMENT.

He who would learn of the great possibilities in homeopathy must observe certain fundamental rules in prescribing for the sick:

First—Do not generalize; it weakens your powers of observation and leads to faulty conclusions.

Second—Consider each case a distinct entity to be studied and analyzed by itself.

Third—Seek information from every available source and apply all the tests at your command in arriving at what is called a diagnosis.

Fourth—When you prescribe, give one remedy only. There is no law in homeopathy for giving two or more remedies at the same time.

Fifth—All of our provings are of single remedies, never of two, and your prescriptions, to be consistent, must be single and uncomplicated.

Sixth—Observations based upon single remedy prescriptions are the only ones of any value to you or the profession.

Seventh—He who gives remedies in alternation or combination and attempts to draw conclusions therefrom deceives himself and has learned nothing.

The forthcoming annual meeting of the State Homeopathic Society, which is scheduled to meet at Pueblo during

the week of the state fair, promises to be one of the most interesting in the history of the association, and it is to be hoped that as many homeopaths as possibly can (this includes wives, sweethearts, sisters and friends) will take a day off and attend. While there is no particular demonstration being made by the chairmen of the different bureaus, it is a well-understood fact that each division of the program has had assigned to its supervision one of the best men (or women) in the profession, and those fortunate enough to attend will be well repaid for the time devoted to this meeting, as there will be a supply of good things presented, in the shape of papers, personal experiences and discussions, which will make every one feel that "it was good to have been there." The committee in charge of the local arrangements will no doubt make an unusual effort to provide entertainment for all. Judging from past experience in such matters, we feel perfectly secure in saying that nothing will be left undone to make the meeting, from a social viewpoint, one to be long and pleasantly remembered. Don't wait for a personal invitation, and if you are not already a member of the State Homeopathic Society—and you are a homeopathic physician—send to the secretary, Edwin J. Clark, M. D., Steele block, Denver, and he will send you an application blank by return mail. M.

CLASS OF '02.

The eighth annual commencement exercises of the Denver Homeopathic Medical College were held at Trinity M. E. Church, this city, Thursday evening, April 24, 1902, at which time two ladies and eight gentlemen were presented with diplomas granting them the title of Doctors of Medicine. The program on this occasion was of unusual interest, and consisted of musical selections by Mrs. Whiteman, Frederic Wright and the Trinity church choir, all of which were very thoroughly enjoyed by the large audience present, as was evidenced by the enthusiasm displayed. Dr. Willard, as dean of the factulty presented the graduates to President Enos, who, after giving them some good advice, in turn presented them

with their well-earned diplomas. Following these ceremonies came an address by the Hon. John W. Springer, which was so complete with good, sound homeopathy that we regret very much our inability to publish it in its entirety. The large audience paid the closest attention during its entire delivery and many expressed their pleasure and approval of the honorable gentleman's sentiments to Mr. Springer after the exercises were brought to a close, besides attesting it at the time by liberal applause. Among other things, he said:

"You must all admit that the mind has a great deal to do in the curing of disease, and the impression you make on your patient will aid or retard you in securing a recovery. Remember another thing, that it is not all mind cure, nor divine healing, nor faith cures. These may be a part, but only a part, and while effective with some persons, are positively criminal when followed in contagious diseases and when surgical operations are an absolute necessity.

"A lot of these 'healers' deluding the public should be restrained by the strong arm of the law as visionary and misguided optimists—to use no harsher appellation. I believe in all the churches and in their sphere they can all do good. But the teaching of some of these Latter Day Saints and Scientists that they can cure cancer, set broken limbs, cure smallpox or consumption by faith or transmitted belief belongs to the same class with the men who claim they can take old tin cans and iron pots and garden rakes, and by a sleight of hand manipulation with chemistry, drop out gold beads and buttons."

It is very evident that the Hon. John W. does not believe that there has been an evolution in the fundamental truths of homeopathy as laid down by the immortal Samuel Hahnemann, a belief, we regret to say, which seems to have gained a foothold in the minds of a certain few, who, while pretending to practice the simon-pure brand of homeopathy, follow off such unhomeopathic false gods as mental suggestion, osteopathy and a few other "sure thing" clap-traps which neither add to the dignity of their calling, benefit their patients, or, in the long run, puts a penny in their own pockets. While every one is entitled to his or her opinion upon such matters, we do

not believe it is becoming in a physician to make a public acknowledgment of his unprofessional beliefs, and at the same time pose as either a homeopath, allopath or eclectic practitioner. The successful accomplishment of this deception is about as much of a possibility as the so-far unheard-of performance of carrying water to and from a well at one and the same time. A banquet at the Brown Palace followed, which, along with the many good things said in response to toasts, was enjoyed by over 100 people, including the faculty, graduates, the nurses and friends of the college. Dr. J. W. Harris acted as toastmaster, and his remarks, as usual, were of a quality to add pleasure as well as dignity to the occasion. The following was the program of toasts:

Toastmaster, J. W. Harris; Grace, Rev. W. J. Harsha, D. D.; Welcome to the Graduates, George P. Brown; Our Professional Bow, J. H. Daniels; From Inside the Fence, R. O. Butterfield; Getting on in Life, Rev. W. J. Harsha, D. D.; The Modern Hospital, J. P. Willard; The Professional Man, J. B. Kinley.

Hon. J. W. Springer was on the program to answer to the toast, "As Others See Us," but owing to previous engagements was obliged to leave the hall before his turn came, a fact which was very much regretted by every one. The class graduated this year consisted of the following ladies and gentlemen: Robert Craig Bowie, Lucius Henry Church, Mabel Eva Church, Norman Albert Cramer, John Harrison Daniel, Samuel Brewster Leslie, Sollis Oscar Pitts, Giles Francis Roosevelt, Albert Fletcher Swan, Jeanette Bueta Williams.

Dr. Bowie took the prize for highest standing in surgery, while Dr. Williams, who, by the way, will practice in the Philippines, took two prizes, one for highest standing in gynecology and the other for the highest general average, having the unusually high percentage of 97 2-5. One feature—besides the oratory and the other good things—which attracted considerable attention and was the subject of much flattering comment, was the cover to the banquet program and menu, this highly artistic piece of work having been designed by Merrill, while to Bell (both are of the classe of '05) is accredited the honor of composition.

OTHER COLLEGES.

Hahnemann Medical College of the University of Kansas City graduated a class of ten and held their commencement exercises at Lyceum hall, Kansas City, Monday evening, April 14th.

The Critique acknowledges receipt of an invitation to attend the commencement exercises of the Detroit Homeopathic College, which took place at the Detroit opera house Tuesday afternoon, April 22nd.

Thirty-six ladies and gentlemen were issued diplomas at the commencement of the Chicago Medical College, held at Studebaker hall Tuesday afternoon, April 22nd. The Critique was not forgotten.

The old reliable Pulte Medical College of Cincinnati, Ohio, held its thirtieth annual commencement exercises at the Scottish Right Cathedral Tuesday evening, May 6th. Numerically the class only exceeded that graduated by the Denver college by one.

ALUMNI MEETING.

A meeting of the Alumni Association of the Denver Homeopathic College was held at the office of Dr. J. B. Brown Friday evening, April 25, 1902, at which time four new doctors were admitted to membership, being a portion of the class of '02 and one from '01. At this meeting was also held the annual election, which resulted as follows:

President, J. W. Mastin, M. D.

First vice president, Guy S. Vinyard, M. D.

Second vice president, Margaret H. Beeler, M. D., Colorado Springs.

Recording secretary, O. S. Vinland, M. D.

Corresponding Secretary, N. A. Kramer, M. D.

Treasurer, Walter Joel King, M. D.

There are quite a few of the graduates of the Denver Homeopathic College, nearly every western state and territory claiming at least one, and one or two in the East, who have

never associated themselves with the society, to all of whom an invitation will be extended urging that they become members at once, as it is the hope of the society that in future college events the Alumni Association will prove a more important factor than it has in the past. It is the desire of the incoming officers, and the present membership, that the society be recruited up to the limit, which would include all graduates of the Denver Homeopathic College, to the end that the usefulness and importance of the society may be made more manifest as its numerical strength increases. Refreshments at Ritter's terminated a very pleasantly spent evening. The executive committe, composed of Drs. Mastin, Vinyard, Kramer, Roosevelt and Rinehart expect to call a meeting within the next thirty days to arrange future plans for the society.

A. I. H. NOTES.

American Institute of Homeopathy.
Office of the Secretary.
100 State Street, Chicago, Ill., April 19, 1902.

To the Members of the Profession:

Any member of the profession desiring to procure an application blank for membership in the American Institute of Homeopathy will have one sent to him by return mail on receipt of a postal card request. Blanks will be sent with the annual circular, but can be procured in the above manner at any time. Fraternally, CH. GATCHELL.

An almost-impossible-to-decipher circular from J. B. Garrison, M. D., chairman of the transportation committee of A. I. H., informs us—we are guessing at most of this, owing to the poor typewriting—that "the various railroad associations throughout the country have agreed to make a rate of one fare and one-third for the round rip, on the usual certificate plan, for the meeting at Cleveland, June 17-21. This applies to the allied societies meeting at the same time. Arrangements have been made to have an agent of the railroads present on Tuesday, Wednesday, Thursday and Friday, so that any member being called away unexpectedly may have the benefit of the reduced fare by having his ticked vised at at any time." All indications point to a large attendance, which is very much desired.

LATEST MEDICAL DISCOVERIES AND THEIR TREATMENT.

The continued reports of the curative properties of x-rays in the treatment of cancer reach us through the medical and secular press.

The malarial cure of cancer, discovered by Drs. Loeffler and von Leyden of Berlin is being heralded to the world as a medical triumph. The treatment of cancer is to inoculate the patient with malaria, and then treat him for the latter complaint, which is easy.

At a meeting on April 5th in Berlin of the Thirty-first Congress of the German Chirurgical Association, Dr. Roth of Lubeck gave a demonstration of an appliance for administering oxygen with chloroform, rendering it possible to anesthetize weak hearted persons. Other surgeons confirmed the above method. (The above method of administering oxygen with chloroform has been practiced by surgeons for years in this country.)

ANOTHER NEW CONSUMPTION CURE.

Another new cure for consumption has been brought out in France. This time it consists of a hypodermic injection of a liquid composed of "extracts from plants found in Chili and Colombia."

All of these so-called consumption cures, which come and go, should be looked on with suspicion. Any case that cannot be cured by the fresh-air treatment, which has fortunately become so popular of late, combined with plain but nourishing diet, and a liberal use of olive oil, may safely be set down as incurable.

A correspondent of the New York Sun, in giving that paper an account of a remarkable cure of consumption effected simply by living in the open air, refers to the "late discovery by the scientists that consumption is cured by the pure-air process." This is "rich." When did the scientists begin to discover that fresh air is wholesome and necessary to sick and well alike? Perhaps they will be taking out a patent on it next.—Times, Los Angeles, California.

Another cancer cure discovered by Dr. Leon Zulavski, which the medical authorities of Austria pronounce satisfactory.

Still another cure for consumption comes from Cracow, discovered by an engineer of said town, consists of a gas which he calls "electroid." The claims are that it kills the bacilli of tuberculosis. Polish physicians are prescribing the gas by inhalation, seances lasting from one to fifteen minutes. Excellent results are claimed by this method.

New treatment for insanity by what is known as the color cure, is being used at Ward's Island hospital. The colors vary from brilliant red, blue, pink, yellow and in fact all shades. In this treatment the color of the room is used that soothes the mental condition.

Still another cure for consumption by the injection of an antiseptic fluid, discovered by one Dr. W. G. Fralick, into the veins of the wrist. This injection is practiced once every four weeks. Dr. Fralick lives at New York, and a Mr. Goebel of Phoenix, Arizona, who was cured after all other means failed, has persuaded Dr. Kennedy of Phoenix to use this new treatment. Great things are claimed for the success of this method. J. W. A.

MENTAL SUGGESTION.

Every physician is well aware of the potent influence for good or ill, says the Medical Record, that the mind exerts over the body in sickness. In health, too, the effect of mental suggestion is with many persons powerful to an extraordinary degree. Upon this notorious psychological fact the Christian Scientists and faith curers of all kinds base their treatment, and in virtue of some indisputable cures brought about by these means have been so long able to gull the public into the belief that their healing powers are effective in any case of disease or injury. Patent medicines and quacks owe their success to precisely identical reasons. If an individual has

faith in a medicine or in a treatment, he will assuredly derive more benefit from that medicine or treatment than if he were skeptical as to its merits. There can be little doubt that the sympathetic physician is the one best calculated to lead his patient to recovery. Again, in many diseases the good that may be wrought to the sufferer by the agency of mental suggestion is undeniable. Professor J. M. Baldwin, referring to this fact in connection with insomnia, says: "In experimenting upon the possibility of suggesting sleep to another, I have found certain strong reactive influences upon my own mental condition. Such an effort which involves the picturing of another as asleep is a strong auto-suggestion of sleep, taking effect in my own case in about five minutes if the conditions be kept constant. The more clearly the patient's sleep is pictured the stronger becomes the subjective feeling of drowsiness. An unfailing cure for insomnia, speaking for myself, is the persistent effort to put some one else asleep by hard thinking of the end in view, with a continued gentle movement, such as stroking the other with the hand."

Dr. E. C. Spitzka of New York has recently given some really remarkable instances of the power of mental suggestion. He cites the well-known fact that the mortality from wounds and disease in a defeated army, compared with a victorious army, is four to three, and even three to two. He also refers to the incontrovertible fact that persons in robust health have been known to die apparently of starvation after being without food for from three to five days. Dr. Spitzka is of the opinion that these individuals did not die of actual starvation, but from the physical effects of hunger. The proof of this contention lies in the fact that persons have been known to fast of their own free will for more than forty days without injuring their constitutions to any appreciable extent. Many examples establishing the truth of this statement might be given, but it will be sufficient to quote one from Dr. Spitzka's paper. He says: "In the graver forms of hysteria, when loss of sensation occurs in exactly one-half of the body, you can lay a piece of tinted paper on the sensitive side; then suggesting it to be a mustard plaster, a red area will appear on the corresponding unsensitive side. Blisters of such a character that scars have permanently remained from them, have been produced in similar cases by the same method." The medical profession, it appears more than likely, have not as yet wholly appreciated the advantages to be derived from the employment of mental suggestion.

A NEW TEST FOR ALBUMIN.

F. C. Fuhs (Medical Record, March 8, 1902,) has the following to say in regard to a new test for albumin:

This new and simple test is based upon the following facts: (1) Albumin is coagulated by carbolic acid; (2) equal volumes of non-albuminous urine and a mixture composed of equal parts of carbolic acid and glycerine form an emulsion, which clears up entirely upon agitation, leaving a perfectly transparent and highly refractive liquid; (3) equal volumes of albuminous urine and the above mentioned carbol-glycerine solution, when mixed together, produce a white turbidity, which remains, in spite of agitation, and does not precipitate on standing, nor redissolve.

The test is very sensitive, distinctly showing the presence of 0.1 per cent. of albumin in the urine, the degree of turbidity being proportionate to the percentage of albumin contained in the urine.

Numerous and repeated experiments were made to substantiate the observation that this turbidity occurs only when albumin is present, and furthermore, that it is due to the presence of albumin and is a suspension of coagulated albumin.

For this purpose many specimens of both nephritic urine and urine of patients suffering with cystitis have been tested, as well as numerous specimens of urine proved free from albumin by the recognized and generally used reagents for the detection of albumin.

In no instance did a urine shown to be free from albumin by the recognized tests present the slightest turbidity by this new reagent, nor did a urine proven to be albuminous by the same tests fail to show the characteristic white turbidity after treatment with the carbol-glycerin solution.

The method of applying the test is very simple, and requires as little or less time than the other reliable tests for albumin, and as the carbol-glycerin solution is a non-irritating mixture, it is much to be preferred to the disagreeable nitric acid.

The solution consists of carbolic acid and glycerin, equal parts. Glycerin is added to prevent the formation of a permanent emulsion between the carbolic acid and the watery element of the urine, and is added in excess, so that no possible error can occur from this cause.

Test.—Two cubic centimeters of carbol-glycerine solution is poured into a small test tube, and two cubic centimeters of the filtered urine is added. Mix thoroughly with a glass rod, or agitate. If a clear, transparent liquid results, there is no albumin present; but if the slightest turbidity is noticeable, the urine is albuminous.

The man who thinks he knows it all
Is never taught to know
That he may know an awful lot
Of stuff that isn't so.
—Minneapolis Homeopathic Magazine.

CHEERFULNESS.

Did you ever fully realize what a valuable asset cheerfulness is? Even from the commercial standpoint it is a thing greatly to be desired and prized. It gives its possessor the entree where the taciturn and unsociable meet with rebuffs. A cheerful countenance is an open sesame to the confidence of mankind. Who would not prefer to do business with a cheerful man in preference to a gloomy one, other things being equal? Cheerfulness indicates contentment, and "a happy and contented mind is a continual feast." But the hygienic value of cheerfulness cannot be over estimated, for a vigorous circulation is the natural concomitant of a cheerful disposition, and health depends upon the brisk circulation of the fluids of the body.—Health.

JUDGE VOORHEES DECIDES TOWN OFFICIALS MAY INSIST ON VACCINATION OF SCHOLARS.

Positive assertion of the right of a board of health to enforce rules covering vaccination was given by Judge Voorhees in the district court recently, this being the first time that the Colorado bench has been called directly to pass upon the question of vaccination. The ruling was made by Judge Voorhees in denying an application for an injunction to prevent the mayor and school board at Rocky Ford from barring a child from the public schools because the child had not been properly vaccinated.

The application was made by R. J. McKinley. In announcing his decision Judge Voorhees stated the following grounds for his position:

First—The matter of efficacy of vaccination is one with which the courts have nothing to do, but it is by the statutes left to the board of health.

Second—The board of health has authority under the law to make all reasonable rules essential to the health of the community.

Third—The rules so made by the board of health have the force of law and the power exercised is one of administration.

Fourth—The regulations so made are not subject to review by the courts, unless upon showing that they are unreasonable and unwarranted and that no emergency exists necessitating such regulations. —Rocky Mountain News.

The following letter is self-explanatory:

Pueblo, Colo., May 3, 1902.

Edwin Jay Clark, Secretary, Steele Block, Denver, Colo.

Dear Sir—In reply to your favor of April 29th would state that our fair dates will be September 15th to 19th, inclusive. It promises to be a large and interesting exposition and we would be glad to welcome the Colorado Homeopathic Society to our city on that occasion. If we can be of any assistance in securing accommodations for your members during their stay here, or secure a hall for your meetings, please let us know. Yours truly,

CHARLES A. GALLOWAY, Secretary.

BOOK REVIEW.

The Therapeutics of Fevers (Continued).—Bilious, Intermittent, Malarial, Remittent, Pernicious, Typhoid, Typhus, Septic, Yellow, etc. H. C. Allen, M. D., Professor of Materia Medica in Herring Medical College, Chicago. Boericke & Tafel, Philadelphia, 1902. Cloth, $4.00 net. By mail, $4.25.

It is a pleasure to the painstaking homeopath to read a book like this one. Homeopathy is found in it from preface to finis. The first edition of "Allen's Intermittent Fever" was published in 1879. This larger work is the outcome of the many kind words that were said for that book, which for years has been out of print.

Those who object to the term psora, can skip the theoretical part, thirty-nine pages, and turn right to the therapeutics, where they will find a mine of valuable information. But if they will study the theoretical part and if they are well grounded in Hahnemann's Organon and accustomed to its daily application then the book becomes of value not measurable in common currency.

Not a bug or a weed in the whole book. Cure not palliation or suppression.

Speaking about weeds reminds me of Mr. Dooley: "The doctor is a kind iv gardiner f'r ye. 'Tis his business f'r to encourage th' good microbes, makin' two pansies grow where wan grew befure, an' to hoe out th' Canajeen thistle an' milkweed." Long before I became a physician I learned the value of the character of soil as regards the plants or weeds which grew in it most luxuriantly. Make the soil right and the weeds will die. Make the soil right and man can subject himself to exposure to any infectious disease without any risk of taking the disease. E. J. C.

Ophthalmic Diseases and Therapeutics.—By A. B. Norton, M. D., Professor of Ophthalmology of the New York Ophthalmic Hospital; Surgeon to the New York Ophthalmic Hospital; Oculist to the Hahneman Hospital, and to the Laura Franklin Free Hospital for Children; President American Institute of Homeopathy; ex-President American Homeopathic Ophthalmological, Otological and Laryngological Society; ex-President Homeopathic Medical Society of the State of New York; Editor Homeopathic Eye, Ear and Throat Journal, etc. With Ninety Illustrations and Eighteen Chromo-Lithographic Figures. Third Edition, Revised and Enlarged. Published by Boericke & Tafel, Philadelphia, Pa., 1902. Price, Cloth, $3.00 net. By Mail, $3.36. Price, Half Morocco, $4.00 net. By Mail, $4.36.

The third edition is composed of 659 pages which are treated under twenty-three chapters. The work is concise and practical and is well adapted for the student and physician. The "Clinical Index" is of great assistance. To quote from the preface to the third edition: "The method of arrangement, the clearness and the reliability of the indications given will, we believe, reflect much credit upon Dr. Munson. This book should be in the library of every homeopathic physician."

Diseases of the Lungs.—Their Pathology, Symptomatology, Diagnosis and Treatment. By Ch. Gatchell, M. D. Attending Physician to Cook County Hospital, Chicago; Formerly Professor of the Principles and Practice of Medicine in the University of Michigan; Author of "Pocket-Book of Medical Practice;" Editor of the Medical Era; Secretary of the American Institute of Homeopathy. Chicago; Era Publishing Company, 1902. (Pages, 264—$2.00.)

Dr. Gatchell's well known ability as a writer and his long experience as a teacher of the subject of "diseases of the lungs" would of themselves make this book one of unusual interest to the profession. It is beautifully bound, printed on the best of paper and the mechanical work is up to the usual standard of work issued from the presses of the Era Publishing Company. The subject is treated in a masterly and exhaustive manner. It is a book that will be appreciated by all who may be so fortunate as to secure a copy. J. W. M.

Diseases and Therapeutics of the Skin.—By J. Henry Allen, M. D., Professor of Skin and Venereal Diseases, Hering Medical College, Chicago, Ill. 353 Octavo Pages and From the Publication House of Boericke & Tafel, Philadelphia. Price in cloth, $2.00.

The classification adopted is substantially that of American dermatologists generally, but scarlatina, measles and rubeola are included, which some authors leave out. On the other hand the syphilodermata, usually included in works on the skin, are omitted. In the treatment local applications are scarcely mentioned and, not recommended even in such affections as the tineæ. But with many homeopaths this feature of the work would recommend it rather than otherwise.

The work contains the symptomatology of 184 remedies, the objective and subjective sypmtoms being given separately. The treatment given is in accord with true Hahnemann principles and on that account the work will be received with favor by many in the homeopathic school. W. A. BURR, M. D.

The International Text Book of Surgery.—By American and British Authors. Edited by J. Collins Warren, M. D. LL. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital, and A. Pearce Gould, M. S., F. R. C. S.; Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England. Price, Cloth, $5.00 net per volume; $6.00 Sheep or Half Morocco. W. B. Saunders & Co., Philadelphia and London, 1900.

Volume I., devoted to general and operative surgery is before us and while we would not consider such a superficial examination of the work as we are obliged to give it a fair one upon which to base a review, yet we feel perfectly free to say that the work contains everything upon the subjects handled in the twenty-eight chapters, and that each subject is presented in a masterly manner. Chapter I is

devoted to surgical bacteriology. Chapter II to hyperemia, inflammation, local infection and its terminations. Chapter III to suppuration, abscess, ulcer, sinus, fistula. Chapter IV to surgical pathology of the blood. Chapter V to wounds and contusions, burns and scalds, effects of lightning, shock, fat-embolism, repair of special tissues. Chapter VI to constitutional reactions to wounds and their infections, and so on for over nine hundred pages. The book contains 458 illustrations in the text, and nine full page plates in colors, and there is not a subject of interest to the surgeon that has been omitted. It is arranged in such a manner that he who runs may read; each chapter is given a full-faced heading which shows the subjects discussed, and from a standpoint of ready reference is unexcelled. The book is beautifully printed, well bound and is up-to-date in every respect. J. W. M.

In Lancet Trotter discusses electric shocks at 500 volts and reaches the following conclusion: The dangers of electric shocks at 500 volts have been much misunderstood, greatly exaggerated and little investigated. The pressure of 500 volts has been deliberately chosen by electrical engineers, because it is not dangerous under ordinary conditions. The conditions under which serious shocks are not produced by 500 volts are discussed in the paper, and it is safe to assume that all shocks more serious than those which are recorded are dangerous. Dry wood and dry boots without large nails offer so great resistance to the electric current that it is perfectly safe to touch a trolley wire while standing on a dry tram car, or even while standing on the ground or on the rails. Wet weather makes a considerable difference, but boots must be very wet to allow enough current to pass to produce a severe shock. Men engaged in electrical traction work receive many slight electric shocks at 500 volts, and they might avoid most of them by taking more care. Dry clothing offers so great a resistance that no shock can be transmitted through it. The peculiar conditions under which shocks at 500 volts have caused death are discussed and are shown to be very exceptional. Experiments have been made on some thirty persons, including twelve women and six children, and it is proposed to make other experiments. With sound dry boots hardly any one can feel a shock when standing on the live rail of an electric railway with one foot and a running rail with the other. With damp or wet boots a shock is felt, but neither the sensation nor the degree of wetness of the boots can be measured accurately. It is not possible to receive a shock by sitting or lying on a live rail so long as the clothes are dry and continuous—that is to say, so long as the live metal is not touched by the bare skin.—The Philadelphia Medical Journal.

Dr. Helen Woodroffe of Los Angeles has just returned from Denver, where she has been taking a three months' post-graduate course, with especial attention to electro-therapeutics, at the Denver Homeopathic college.—Pacific Coast Journal of Homeopathy.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Dr. C. S. Ingersoll of Elliston, Montana, has located at Arcata, California.

LeRoy C. Hedges, M. D., formerly of Chicago, has located at Grand Junction, Colorado.

Dr. R. C. Bowie has located at Avondale, Colorado. The Critique wishes him success.

Dr. Laura Stockdale will spend the summer on her ranch up the Platte, where she has several thousand acres of land.

Dr. S. M. Kissler of Empire, Colorado, made The Critique a pleasant call. The doctor has all the business of Empire and Lawson.

Miss Eugenia Goold is giving satisfaction as head nurse at Dr. W. D. Howe's private hospital at Canon City, Colorado.

Drs. S. S. Smythe and J. W. Mastin will move their offices to the new Majestic building May 15th, corner Sixteenth and Broadway.

The new Emergency hospital is to be located in the old Crow mansion, corner of Curtis and Fourteenth streets. It will open for patients on May 15th.

The Colorado Homeopathic Society meets in Pueblo, Colorado, in September. J. Wylie Anderson, M. D., Denver, president; E. J. Clark, M. D., Denver, secretary.

The Critique appears in new dress this year and volume, and makes a fine appearance. We congratulate brothers Smythe and Anderson.—Minneapolis Homeopathic Magazine.

A monstrosity was recently born in Denver which had two perfect heads, two spinal columns, four arms, two legs, one vulva; the bodies were joined near the axilla.

The Colorado State Board of Medical Examiners meets the first week of January, April, July and October. The homeopathic members are Drs. G. W. Laurence of Colorado Springs and David A. Strickler of Denver.

The class of 1902 of the Denver Homeopathic was made up of eight men and two ladies. Taken altogether the ten new doctors appear to be equal to the battle of life, medically speaking. The Critique wishes them all success.

The Critique of Denver, edited by Drs. Smythe and Anderson, which recently donned a new and attractive cover, contains more homeopathic jottings from month to month than any other western journal.—Medical Advance.

Dr. F. A. Faust of Colorado Springs is attending to the business of Dr. Lawrence during his absence in California. Dr. Faust is doing good work for the state society. In a recent letter he writes that he has a full complement of papers for his bureau.

Dr. J. W. Mastin has purchased an up-to-date electric automobile and can be seen daily riding in the same attending to his increasing business. The doctor recently performed a complicated operation very successfully at the Homeopathic hospital, assisted by Dr. J. Wylie Anderson.

Dr. C. P. Miller, for years the leading physician at Fort Collins, fell dead from heart disease while fumigating a house where there had been a contagious disease. The doctor was acting in his official position as county physician. The Critique extends sympathy to Mrs. Miller in her loss.

Dunham Medical College of Chicago held their graduating exercises on the afternoon of Thursday, April 24th. The graduating class numbered nineteen with three post-graduates. Among the graduates we noticed Ralph D. P. Brown, George L. Knapp and Oscar Anderson from Colorado. Dr. Oscar Anderson, who was valedictorian, was for over a year hospital attendant at the Golden Reform School.

The Price of Surgical Operations.—The charges for a surgical operation have just been settled by the Seine Civil Tribunal, Paris. Dr. Albarran sought to recover $1,200 from a Nanterre grocer as a fee for performing laparotomy on the latter's wife. The court considered the charge exorbitant and reduced the same to $500, stating that it is a medical man's duty to fix his fee in proportion to the patient's means. —Philadelphia Medical Journal.

M. J. Breitenbach Company sued Henry Thayer & Co. in the Superior Court in equity of Massachusetts. The said Henry Thayer & Co. were using a wrapper similar to M. J. Breitenbach Company in color and lettering as a means to sell a preparation of iron and manganese. The whole object was to get into the market and take advantage of M. J. Breitenbach's years of advertising their preparation of Pepto-Mangan. A pure case of steal, in which they were cut short, the court enjoining them from using in any way a terra cotta colored wrapper with white letters thereon. Another case of "just as good," only cheaper, getting just retribution.

The editorial in the April issue of The Critique entitled "A New Pacific Coast Summer Resort." in which is related the advantages to be obtained by dwellers in high altitudes by a pilgrimage to the sea level, where one can be assured of cool, refreshing nights, referred to the Pacific Northwest at the mouth of the Columbia river, where is located North Beach, the ideal summer resort, at which place hunting, fishing, bathing and boating are to be had in their perfection. As compared to the Atlantic coast resorts: At the former place shade trees grow in greater variety—almost to the water's edge—mosquitoes do not make life a burden, as there are none. Nights are cool and refreshing. The scenery is a combination of ocean and mountain combined. Old Mount Hood, snow-capped and hoary with age, is visible from all the resorts at the mouth of the Columbia river. In answer to the various inquiries received by The Critique would state that North Beach is reached by the Union Pacific and Oregon Short Line Railroad Company. Full particulars as to excursion rates (which we are informed are enticing), will be cheerfully furnished by A. L. Craig, G. P. A., Portland, Oregon.

The following letter is self-explanatory:

A Complete Course in Osteopathy and Diploma for $10.

THE COLUMBIA COLLEGE OF OSTEOPATHY,
30-31 The Auditorium Building, Chicago.

This is the last notice of the closing of the spring class in osteopathy. You should be in this class. You should fit yourself now to take up this work that you may be in active practice before the winter opens. There is no calling to-day that yields such returns as osteopathy. Even old established physicians have joined our class that they may qualify as osteopaths and get into a paying practice at once. Be guided by us and follow their example. Do not throw the chance away. The fee is a mere nothing in comparison with the benefits that will accrue to you as a successful member of this profession. We have made the terms of payment so low for you that we cannot understand why you should hesitate a moment. Ten dollars, divided into two payments of $5 each brings you the full special correspondence course, the examination papers and your diploma. The diploma is sent when you have qualified by passing your examination. You can do this with a reasonable amount of application. The diploma entitles you to the degree D. O., Doctor of Osteopathy. Is not this a fitting prize to strive for? We have put it within your grasp, and your prompt decision will be the means of starting you fairly on the road to success. The class closes this month. Do not fail to make your entry. Others are alive to their best interests and you should be so, too. Are you to be the only one to miss this opportunity? It is for you to say. Very sincerely. N. SNYDER. Secretary.

(A cheap thing. Only qualification is a $10 bill.—Ed.)

THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of of the Missouri river. Hence, it is the best medium through which to advertise.

Your especial attention is called to the new advertisement upon page 12, this issue, of G. W. Flavell & Bros., manufacturers of elastic trusses, stockings, abdominal supporters. 1005 Spring Garden street, Philadelphia, Pa.

"Pink cheeks indicate good health. Good health comes with proper food." Mellin's food is a proper food, and will agree with more babies than any preparation upon the market. Samples and literature to physicians upon request. Read advertisement upon page 9.

The Columbia Chemical Company, manufacturers of Marach, can well be proud of their success. The demand for this preparation is growing beyond all expectation. Marach is an ideal poultice, ever ready for use, appliable in any and all cases where there is inflammation.

Parke, Davis & Co. are sampling the physicians of Denver through their representative with Nutritive Liquid Peptone, a valuable combination containing the nutritive constituents of beef and malt predigested, ready for assimilation. Liquid Peptone also possesses the properties of a gentle and refreshing stimulant.

The Critique is in receipt of a pamphlet entitled "Help for All Forms of Pulmonary Tuberculosis," published by James I. Fellows, which takes up fever, night-sweats, cough, digestive disorders, anemia and exhaustion, diet, etc. The influence of Fellows' Hypophosphites in the treatment of same. This pamphlet can be had by addressing Mr. Fellows, 26 Christopher street, New York.

I have prescribed Sannetto for the past six years, and find it quite agreeable to the patients, being very pleasant to take and of great utility in the treatment of a large number of cases frequently met with in general practice. It has given me uniformly good results in all stages of gonorrhea, cystitis, prostatitis, irritable bladder and incontinence of urine. WM. PARSONS. M. D., Chicago, Ill.

Soft corns can be cured by wrapping around the toe night and morning a piece of linen rag dipped in turpentine. In a few days the corn will disappear. A good remedy for tender feet is to soak them in salt water or bran and water. Allow them to remain in the salt foot-bath for fully one half an hour. This will be found an effectual remedy. Cold feet indicate a poor state of health, and the person having them needs a physician's care.—Health.



To Prevent Bursting of $H_2 O_2$ Solution Bottles

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Refer to National Druggist, of St. Louis, Mo., April, 1901

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CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

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Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

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CONTAINS a list of over 130,000 physicians (including addresses and college data), all Hospitals, Sanitariums, Penal Institutions, Medical Colleges, Societies and Journals, Boards of Health, Medical Laws, Etc., Etc.,

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R. L. POLK & CO., Publishers, DETROIT, MICH.

THE OLD OAKEN BUCKET.

A Hygienic View.

The truths of science are not often expressed in verse, and this fact serves to emphasize the few instances where rhyme has been employed to convey fact. The following parody on "The Old Oaken Bucket," which is not only amusing, but contains some valuable points in sanitation, is by Dr. J. C. Bayles, formerly president of the New York City health board, and was read by him at a meeting of the Academy of Medicine. We quote it from the columns of Engineering News, which says that "the sanitary science conveyed in the verses may seem elementary indeed to our readers, yet it needs but the slightest knowledge of conditions about the average farmhouse and country village to realize that millions of people are living amid just such unhealthful surroundings in entire ignorance that they have anything to do with causing disease and death." The parody is as follows:

With what anguish of mind I remember my childhood,
Recalled in the light of a knowledge since gained.
The malarious farm, the wet fungus-grown wildwood,
The chills then contracted that since have remained;
The scum-covered duck pond, the pigsty close by it,
The ditch where the sour-smelling house drainage fell,
The damp, shaded dwelling, the foul barnyard nigh it—
But worse than all else was that terrible well,
And the old oaken bucket, the mold-crusted bucket,
The moss-covered bucket that hung in the well.

Just think of it! Moss on the vessel that lifted
The water I drank in the days called to mind;
Ere I knew what professors and scientists gifted
In the waters of wells by analysis find;
The rotting wood fiber, the oxide of iron,
The algae, the frog of unusual size,
The water, impure as the verses of Byron,
Are things I remember with tears in my eyes.

And to tell the sad truth—tho' I shudder to think of it—
I considered that water uncommonly dear,
And often at noon, when I went there to drink it,
I enjoyed it as much as I now enjoy beer.
How ardent I seized it with hands that were grimy,
And quick to the mud-covered bottom it fell,
Then reeking with nitrates and nitrates, and slimy
With matter organic it rose from the well.

Oh, had I but realized in time to avoid them—
The dangers that lurked in that pestilent draft—
I'd have tested for organic germs and destroyed them—
With potassic permanganate ere I had quaffed;
Or, perchance, I'd have boiled it, and afterward strained it
Through filters of charcoal and gravel combined;
Or, after distilling, condensed, and regained it
In potable form, with its filth left behind.

How little I knew of the enteric fever
Which lurked in the water I ventured to drink,
But since I've become a devoted believer
In the teachings of science, I shudder to think.
And now, far removed from the scenes I'm describing,
The story of warning to others I tell,
As memory reverts to my youthful imbibing
And I gag at the thought of that horrible well,
And the old oaken bucket, the fungus-grown bucket—
In fact the slop-bucket—that hung in the well.

Dr. Givens' Sanitarium, Stamford Hall, at Stamford, Conn., is a homeopathic sanitarium thirty miles from New York, for the treatment of nervous and mild mental diseases and narcotic and alcoholic addiction. The sanitarium is composed of a main building and several cottages, which are arranged with every modern convenience, including electric lights, steam heat, sanitary plumbing and various forms of baths. Experienced nurses are in constant attendance. Massage, electricity (galvanic, faradic and static) are utilized. Correspondence solicited. Address AMOS J. GIVENS, M. D.

Ecthol is an American preparation made from a mixture of the fluid extract of thuja and echinacea augustifolia. The latter is a plant belonging to the natural order compositae, which grows in North America. The fresh root of this plant is in high favor with the Indians as an antidote against the bites of serpents. Dr. Stinson found that this plant promotes the flow of saliva, is a mild and inoffensive antiseptic, and, above all, an aphrodisiac. It is employed in malaria, in typhoid and in diseases of the stomach as well as locally in the form of an aqueous solution of the fluid extract as an aphrodisiac. In addition it may be given internally in the form of a fluid extract or a tincture. Ecthol is said to be the most powerful antagonist to suppuration. According to Meyer this substance has a powerful effect in toxanomias. Parker, Webster, Snyder and Russell have shown that it is of great service in infectious diseases, in septic wounds and in the bites of serpents, as well as in chronic catarrhs.—New York Medical Journal, March 15, 1902.

If a man kiss thee upon one cheek, turn to him the other also. So shines a good deed in a naughty girl.—Minneapolis Homeopathic Magazine.

A dandy whose fad was pajamas,
Wore a set made of wool from two llamas;
The unmanly effect
Made many suspect
That the outfit was really his mamma's.

—Smart Set.

THE CRITIQUE.

VOL. IX. DENVER, COLO., JUNE 15, 1902. NO. 6

WILLIAM TOD HELMUTH, M. D.

In New York, May 15th, the spirit of this great man and skillful surgeon took its flight. The heart that had for so many years throbbed with lofty aspirations for the advancement of medical and surgical science ceased to beat and the most renowned of our school became an historical remembrance. Invited to prepare an article commemorative of our beloved brother, I find the task not an easy one, as the brevity necessary in such an article precludes adequate mention of the many and varied achievements accomplished during his busy professional life. Although his intimate friends knew he was subject to attacks of neuralgia of the heart, he was, to within forty-eight hours of his death, in his usual good health, and was expected, at a meeting of the homeopathic physicians of the state at the Waldorf on Wednesday night, to make the presentation speech of a loving cup given to Dr. Selden H. Talcott of the Middletown State Insane Hospital. He died at 12:30 a. m. above date, of angina pecoris. Dr. Helmuth was born in Philadelphia in 1833, began the study of medicine in 1850 and was graduated from the Philadelphia Homeopathic Medical College in 1853. At the next meeting he became a member of the American Institute of Homeopathy and at the session held in New York in 1867 was elected its president. In the year 1855 he became a member of the faculty of the Philadelphia Homeopathic Medical College and was made professor of anatomy. In this year he wrote his first work, "Surgery and Its Adaptation to Homeopathic Practice." In the year 1858 he removed to St. Louis and soon became established in a large and lucrative practice. Here he organized the St. Louis College of Homeopathic Physicians and Surgeons, was made dean of the college and its professor of surgery. It was here I first made his acquaintance in 1869, and here formed an attachment for him which continued until the

hour of his death. As a lucid, interesting and enthusiastic instructor he had few equals. He was ever kind, courteous and charitable to all whom he chanced to meet. His conservatism as a surgeon was well known. He was a firm believer in the efficacy of the well-selected homeopathic remedy and conducted many cases to a successful issue by their aid that would, by less conservative surgeons, have been at once assigned to the domain of operative surgery.

The year 1868 was spent abroad, studying his favorite branch of the profession in the different hospitals of Europe. Already eminent as a surgeon and contributor to the medical journals of the day, he sought a wider field of work and influence and in 1870 accepted the professorship of surgery in the New York Homeopathic Medical College and Hospital. The estimation in which he was held by his professional associates and citizens of St. Louis was manifested by the presentation to him of a silver service before he departed from that city for his new home in New York. His career in New York was brilliant and he became famous in both Europe and America as the greatest of homeopathic surgeons. He was a versatile writer of both prose and poetry. The profession are familiar with his humorous stories, such as "Medical Pomposity" and "Scratches of a Surgeon With the Pousse Cafe." Among the medical works he wrote and had published may be named "Systems of Surgery," "Supra Pubic Lithotomy," "Nerve Stretching" and "Antiseptic Surgery." For twenty-five years he was associate editor of the North American Journal of Homeopathy. He was an honored member of both British and French National Medical Societies, a doctor of laws from Yale University, and has been since 1890 dean of the New York Homeopathic Medical College, was chief surgeon of Flower Hospital and consulting surgeon in numerous other hospitals of the city. In fact we may say of him as Hamlet said of his father, the king:

"He was a man, take him for all in all,
I shall not look upon his like again."

Dr. Helmuth was most fortunate in his marriage. His wife, who was Miss Fannie Pritchard of St. Louis, has been

comrade, companion and helpmate worthy of so great a man. She and two children, Dr. William Tod Helmuth, Jr., of New York, and Mrs. Wright P. Edgerton of West Point, New York, survive him. J. M. WALKER, M. D.

THERAPEUTICS OF APPENDICITIS.

With the subject announced as assigned me, I assume that the many problems in connection with diagnosis are excluded, and we have before us a typical case of appendicitis. I say typical, however, with considerable hesitancy, because experience has taught me to expect many varied phases in the symptoms and course of this disease, although sudden pain, tenderness, rigidity, moderate fever, rapid pulse and gastro-intestinal disturbances are rather constant.

The pathology may be anything from a hyperamia of the mucosa to an acute fulminating inflammation, though usually one of three conditions, viz: obliterative, ulcerative or parietal appendicitis; the last two being a sequence of the first; it is also possible to have all three degrees.

Successful treatment must necessarily imply a knowledge of the character of the lesion and its tendencies usually should be considered surgically rather than medically, for surgical interference and treatment may be required at any hour of the disease. One should consider the advisability of operative proceedure as soon as the diagnosis is made, and explain this fact to the family and friends at once. In case operative interference is refused, proceed with the case along medical lines. While I have yet to record my first fatality with medical treatment, and have resorted to operative measures but once, I do not permit this fact to bias my judgment. The pathology alone stamps appendicitis as a surgical disease. I admit that there are many possibilities of error in diagnosis, and some cases of simple indigestion and typhilitis are mistaken for appendicitis, so may typhoid fever, and here lies the difficulty and much of the unsuccessful treatment.

Assuming, however, that the case is one of appendicitis,

and our good fortune to have been called early, the period in which hyperaemia of the mucus membrane alone exists, our first thought is the etiology. Is it trumatic or is it chemic; if the former, to what extent and what structures are involved; is it a foreign body? If the latter cause, what was the character of food and its probable present physical and chemical condition. If from the abuse of cathartics or other irritant drugs, what of their probable expulsion or present sites.

In this stage, whether to be medically or surgically treated, the colon should be thoroughly and persistently flushed so long as there is evidence of accumulated fecal matter. Glycerine, glycozone, formaseptol and other similar preparations may be used in the enemata, depending upon the stage of inflammation. In my judgment there is nothing better than glycerol compounds as local applications to mucus membranes in the early stage of inflammation before structural change has occurred. The patient is to be put to bed and a trained nurse employed, no matter how light the case may appear. Her instructions should be to use the colon douche as often as every four hours, so that the bowel and appendix may be thoroughly cleansed. This, of course, makes it more possible for good drainage between the appendix and bowel, as well as exerting the antiphlogistic value of heat upon the structure during the early stage; improvement in circulation in the weak and illy supplied organ is also gained.

While some authors recommend the use of cold applications to the abdomen, I much prefer the use of heat, and I mean by this, heat faithfully and persistently applied. In connection with this practice the turpentine stupe is of much value.

After the first forty-eight hours one should be very guarded in the use of the high colon douche, although if used often with small quantities of fluid it is of much value. The use of cathartics at any stage may prove disastrous and should be condemned. Ingestions of olive oil, either by mouth or colon tube, is advised by some, but I am not in favor of it because of the possibility of its aiding infection. It is a splendid medium for a culture under such circumstances. The value of olive oil will be great early in the case when it is

necessary to soften a fecal impaction; later it is more liable to embarrass repair.

An important factor in the management of these cases is the diet. From the first all foods should be discontinued, and especially all such as are digested in the intestines. Copious draughts of cool water and lemon juice should be largely sufficient, together with such predigested foods as will leave but little solid.

As to the remedies, belladonna is usually called for in the first stage of an acute appendicitis, for no remedy has quite the value in arresting the early hyperaemias of the mucus membranes as has this one. The full, bounding pulse, temperature, throbbing carotid, red face, hot skin and pain in the ileo-cecal region are quite suggestive of this remedy. Should medicinal treatment be continued Merc cor. would probably follow, and if an abscess threatened Merc sol. would be indicated. In the event that an abscess has already formed and surgical measures are not adopted Hepar sul 3x may be the saving remedy.

Colocynthis may be used early in the history, while graphites, silicea, sulphur and other remedies are usually indicated in chronic suppurative cases. The surgical treatment I believe affords a better chance for recovery in severe cases, and naturally it is far better to recommend such measures before suppuration is present. In recurrent attacks of appendicitis, where the regulation of food and habit, together with the exhibition of the proper remedy fails to afford the desired result, an operation should be advised in the interval of relief.

*Read before the Denver Homeopathic Club Monday evening, May 19th, by Dr. C. E. Tennant.

SIMILARITY OF SOME PELVIC DISEASES.

(Luther Ingersoll, M. D., Mack Block.)

I wish to speak very briefly of hernia and prolapsus of the uterus and rectum, as being of a common origin and similar, and incidentally refer to some other diseases as being also similar.

Animals having a horizontal spine carry their bodies horizontally. Their bowels and pelvic organs gravitate away from their orifices. Their locomotion and twisting of body give very strong movements to their abdominal and pelvic contents, creating vigorous circulation and nutrition, with easy and frequent evacuations from the bowels. They have very little trouble in bringing forth their young and never have rectal diseases.

Man, having a vertical spine and walking erect, his abdominal and pelvic contents gravitate downward toward their outlets. His movements are less constant and marked; his abdominal and pelvic organs are more passive, motionless and inert; hence there is a constant tendency to sluggish and imperfect functions, with difficult, tedious and painful labors. He is predisposed to special forms of orificial diseases.

There is in the healthy abdomen and pelvis a certain constant, natural motion among their contents. They rise and fall, or otherwise move harmoniously. It is a pleasing peritoneal contact—a gliding together of their organs and tissues.

This essential, vital force, resulting in motion, is "organic" or "respiratory rhythm."

It is a fact that the health and comfort of the abdominal and pelvic contents are proportionate to this normal rhythm; and normal rhythm depends upon normal respiration.

It is significant that persons suffering from abdominal or pelvic diseases are superficial, hence poor breathers. There is feeble abdominal and pelvic rhythm. And this leads to hyperaemia, congestion and inflammation. These conditions are essentially the same in nature, cause and effect, wherever they exist. They mean an imperfect capillary circulation and venous congestion. If this condition obtains in the rectum for some time, and involves a considerable portion of it, the engorgement, weight and the consequent weakness of the supporting parts will be very material. The power of sustentation, produced by normal rhythmic motions will be overcome and in time some portion of the rectum will give way and prolapse.

When the engorgement of the capillaries, veins or arteries is more acute and confined to a few of the blood vessels near

the orifice, they enlarge at points, become saculated and we have true varicosis or hemorrhoids.

Transfer these conditions of blood stasis to the uterus. When its engorgement is very great, and its adjacent tissues and the upper portion of the vagina are much involved, their size, weight, heat and consequent weakness are much increased. Their unperformed functions add to their difficulties. The great support of the uterus. Sustentation, produced by the rhythmic motions of the diaphragm, is less able to retain the uterus in its normal position. It therefore gravitates downward and, as in the rectum, from the same causes, we have prolapsus, partial or complete, according to conditions.

Supposing the inflammation of the uterus is less general and confined to the cervix or to the os. The walls of the engorged veins and capillaries are thinned and weakened by distention. As in the rectum, they bulge, become blood reservoirs and we have real varicosis here or uterine piles. In the two cases the causes and conditions are practically the same, with similar results.

Again, under certain conditions there are peculiar and offensive discharges from the rectum. They are produced by an inflammation and engorgement of the mucous surfaces and capillaries and veins beneath. We find the same kind of discharges from the mucous surfaces of the uterus, cervix or vagina. In both cases they may be bland or ichorous. We call one a catarrh of the rectum, the other leucorrhoea. But they are precisely similar in each case and arise from the same causes and conditions.

Again, around and within the edges of the anus we find a most distressing condition known as "pruritus ani." Around or within the vulva the same condition is known as "pruritus vulvae." The ulcerations and different forms of cancer and fistulae which commonly attack the rectum, uterus or vagina, arise from the same general causes and conditions of the pelvic contents and are thoroughly similar.

Let me call attention to the similarity of prolapsus ani uteri and of hernia. Observe that the contents of the abdomen and pelvis exist under the same conditions and are subject to the same laws. Hernia may occur anywhere, according to cir-

cumstances. Like prolapsus of the rectum and uterus, it may be internal or external, partial or complete. And like these usual forms of prolapse, hernia takes place especially in the lower part of the abdomen, not because any muscular supports from below are weakened or withdrawn, but because rhythmic or respiratory sustentation has been overcome and some part of the intestines or omentum, or both, acting together, have, yielding to gravity and overlying pressure, worked their way through resisting muscles. Hernia, in its origin, progress and consummation obeys every law of rectal and uterine prolapse. I am more positive of the similarity of these different prolapsing organs and tissues from a long and careful study of their causes and forms, and because when any two exist in the same person they are both cured when but one of them is properly treated by movement.

That is, if a person has hernia in the lower portion of the abdomen, whatever its form, as inguinal, direct or indirect, or scrotal, partial or complete, and also prolapsus of the uterus or rectum, or even both, if the hernia is properly treated by mechanical massage and the Swedish movements, giving no special attention to the uterus or rectum, they will all be cured at the same time by the hernial treatment. In like manner, if the prolapsing uterus or rectum is so treated, the hernia will disappear without separate or special treatment. Hence it is legitimate to infer the similarity of these diseases.

When a great discovery in medicine is announced, as coming from a badly trained practitioner who evidently is looking for great reputation and pecuniary personal reward, as a chief result of his discovery, we do well to be conservative in accepting what he may claim. Life is too short to try every new discovery. Those that are well authenticated we are bound to consider. Then again, we may be very tolerant of suggestiens for the relief of incurable disease. What glory awaits the discoverer of the actual causes of diphtheria and scarlet fever! With such a discovery, the means of prevention would also be found. What a boon to our race will be such a discovery as that! We may be near it.—Editorial Post Graduate.

THEORY AND PRACTICE.

CONDUCTED BY DR. W. A. BURR OF THE DENVER HOMEOPATHIC COLLEGE

VIOLET RAYS FOR TUBERCULOSIS.

Not only the profession, but also the intelligent people of all enlightened nations, are searching the realms of nature and testing the results of science and discovery to find some cure for cancer—also for tuberculosis. The great mortality from these maladies are alarming the people. The treatment of tuberculosis with violet rays is now being tested. The following is from a recent daily paper:

New York, May 7.—At the Flower hospital a second experiment has been made with actinolite, the new electrical apparatus, through which the actinic ray, or the violet-colored light, which has been found to be germicidal, is thrown upon the diseased parts of the body.

The patient was the same one used in the first trial of the ray—Frederick M. Campbell, fourteen years old, who, before he became ill, was a great favorite as a messenger in the stock exchange. So fond are the brokers of the boy that they just endowed a bed in perpetuity in his name. He is the special protege of Anson R. Flower, the president of the hospital, who for a year has defrayed the expenses of the boy's care in a private room. The boy's case is a desperate one. He has tuberculosis of the hip in a very advanced stage.

The entire upper part of the femur has been cut away. His only hope is in the actinic ray, and although that has been used on him but once, already there is noticed a decrease in the discharge from the wounds. The operation lasted ten minutes, after which the boy was carried from the operating room, and a second patient, suffering with a secondary cancer of the neck, was brought in. The light used is of 3,000 candle power.

Solar heat and the X-ray have been used in the treatment of cancer with some hope of success.

As yet no great benefit has resulted. The blue glass craze is well remembered and it amounted to practically nothing. The well educated physician will prophesy a like result in the attempt to cure touberculosis with violet rays. B.

A GOOD PRESCRIPTION.

Samuel Bishop, M. D., in writing on "The Causes and Cure of Neglected Homeopathic Therapeutics," published in the May number of the North American Journal of Homeopathy, gives five causes, as follows:

1. Early education favoring drugging.
2. Predominance of the "old philosophy in therapeutics."
3. The strong innate desire to perceive color, smell and taste in medicine.
4. The clamor of sufferers for quick relief from palliation with well-known anodynes.
5. The attention given to surgery.

In regard to the last the atuhor says:

"May I call attention now to another, a fifth cause, which it seems to me operates too much to the neglect of homeopathic therapeutics? I refer to the attention given to surgery. Now surgery has its place, and a very important place it is. When resort to the knife is needed, it is, many times, the only means of saving life. And we must have specialists in surgery for fractures and for other and a great variety of bodily lesions, which are liable to occur at any time. But comparatively the number needing therapeutic skill will far exceed those needing surgical attention. So that we do not need one-twentieth as many specialists in surgery as we need specialists in therapeutics. But a fad of our times, among young doctors, seems to be attention to surgery; and after they have had a little taste of the glory which they think comes from it, they seem to vie with each other to see how close they can cut to a vital organ and yet not destroy life. In this mad onrush for surgical glory a comprehensive and definite knowledge of materia medica and skill in selecting and applying the curative

remedy, is too much lost sight of. Surgeons ought to be experts in selecting and administering remedies, but as a rule they are very poor prescribers."

As to the cure of this neglect the writer says:

"Now the remedy for this vain glory and for all leaning toward the fallacious and lapsing from the truth, only half way believed in, is to take timely warning and to betake ourselves anew to the study of the great underlying principle of the true law of cure. If ever there was a philosophy propounded which bears investigation under the searchlight of honest inquiry, that philosophy is that embodied in the Hahnemannian theory. It has triumphantly stood the test of the past century, the most profoundly criticising age the world has ever known. Like every true philosophy or law, the more it is studied and the more its avowed principle is put to the most rigid tests in actual practice, the more it is taking rank among other great and well established laws, such as the law of gravity, laws governing heat, light and electricity. In attestation or in illustration of this, animals devoid of the faculty of reason, but controlled by instinct in seeking relief from sickness or pain, invariably, I believe, apply the principle of similia. Where there is irritation of the skin they all find relief by scratching, that is by producing a similar irritation. All the canine and all the feline tribes find their medicine for nausea in taking a nip of grass, a thing which, if taken when well, would make them sick at the stomach. A horse which pines away with some unknown malady, needs to be turned out where he can have plenty of range—have opportunity to seek his own similar remedy. He may find his remedy in dirt or in some other very unusual thing for horses to eat. The wild, unrestrained animals are not subject to disease like our domestics are. For illustration, note the recent mortality among the deer kept at Miller park. The custodian did not know their malady nor did he know their remedy, but the deer knew, and had they been unrestrained they would have found their medicine. And this same thing might be said of the caged young lion which sickened and died at the park less than a

year ago. Wonder if any one thought to throw within his reach some spears of grass, or, perchance, a handfull of catnip?" B.

CRATEGUS GIVEN FOR WEAK HEART.

A woman aged sixty-five, with asthma, during her whole adult life had emphysema following a nervous shock. For five or six weeks the pulse ran over 120, and except when lying quiet, she was in constant distress from a severe dyspnea. Under careful treatment the pulse became lower in a few weeks, averaging from 100 to 110. During most of this time the radial pulse was so weak as to be counted with difficulty.

In a few weeks more a swelling of the feet set in, having the nature of a cardiac dropsy. For this condition the mother tincture of crategus has been used for four weeks, five drops four times a day.

The result has been nil, neither the heart beat nor the dropsy being influenced in any perceptible degree, either for better or worse. B.

During the six years that the present faculty has been in charge of the homeopathic department of the University of Michigan at Ann Arbor, there have come to the homeopathic school from the old school thirty-nine students. During the same time there were lost five students, who went over to the old school, making a net gain of thirty-four students, and these were all graduated or are still in college. This is a fine showing in an institution where the two schools are so intimately connected as at Ann Arbor. Our university schools can hold their own against any odds in numbers and always come out ahead.—Medical Century.

In some cities of the South petroleum is poured on stagnant pools to destroy young mosquitos and thus prevent the spread of malaria.

MATERIA MEDICA.

CONDUCTED BY J. W. MASTIN, M. D., INSTRUCTOR IN MATERIA MEDICA, DENVER HOMEOPATHIC COLEGE.

Dr. Frank Kraft, in the American Physician, referring to Dr. Chapman's supposed pneumonia case, which was published in these columns at the time, says: "In our opinion the publication of the phosphorus case, like its predecessor lycopodium case, has done homeopathy harm. It is as bad as the patent medicines which cure everybody of everything if but enough bottles of the truck are guzzled."

Now this may be a fact, Brother Kraft, but most any real good homeopath will admit that the object of the publication of this supposed case was accomplished, inasmuch as it was demonstrated by the unanimous selection of phosphorus to cover the particular conditions of the case that there should be no "guess work" in homeopathic prescribing if the simila is carefully sought for.

In the May issue of Medical Century, Dr. David R. Overman, writing upon the subject of "Constipation in Infancy and Childhood, Its Causes and Treatment," gives the following under the head of Medical Treatment:

The remedies that I have found most useful in the treatment of constipation in children are alumina, calcarea carbonica, byronia, graphites, lycopodium, nux vomica, plumbum and sulphur.

Alumina 6x—The stool is soft and papescent, sticking to the anus like putty. Child has no desire to go to stool. Stool slow in passing, caused by dryness and inactivity of the rectum.

Bryonia 3x—Stool large, dry and hard, as if burnt. Soreness in abdomen. "Constipation after castor oil."

Calcarea Carbonica 3x—Hard, light-colored stool, undigested. Rickety children with offensive fluid oozing from anus.

Graphites 6x—Atonic constipation—obstipation. Stool very large and difficult to expel, consisting of small balls bound together by mucus; fissures ani; eczema—itching in rectum after stool. Fat, greasy children, with skin eruptions.

Lycopodium 6x—Constipation, attended with colic and flatulence. Stools, first part lumpy, second part soft. Child inclined to linger at stool. Urine red and sandy, staining diaper. Has many symptoms of Carbo vegetabilis, with which it may be alternated, and by which it may be followed in case of failure.

Nux Vomica 3x—The chief remedy in constipation. "When in doubt play a trump," applies to nux in constipation. The remedy par excellence in constipation alternating with diarrhoea. "The child strains and grunts, but passes little or no stool."—Raue. Child cross and fretful. The mother addicted to use of condiments and strong coffee.

Plumbum 12x—Obstipation in infants. When the moisture of the faeces has been absorbed, making stool dry, hard and crumbly, blackish or green, like sheep dung. (Opium.)

Sulphur 30x—Habitual constipation with burning and itching in rectum, when at stool; atrophy and mal-nutrition; intestinal indigestion; "lips red, tongue dry and papillae prominent through a dirty coating; hunger between meals; dry, unhealthy skin."—Raue.

ACTEA RACEMOSA IN FACIAL BLEMISHES OF YOUNG GIRLS.

"Facial blemishes in young women" may be considered one of the most important indications for actea. The pimply eruptions and the rough skin, nearly always aggravated at the menstrual periods. The menses are irregular as to time of appearance and amount, with a tendency towards profuse flowing. If such an actea patient has just passed puberty she will be observed to have a dirty, blotched-looking skin, with small euevations that at first seem as if they might suppurate. They do not, however, but turn brown, and then are slowly absorbed. At each returning menstruation, before passing away,

these blotched eruptions show slightly elevated and red again. Every physician is aware of the influence of the menstrual cycle upon the unsightly eruptions which mar the faces of young ladies; especially about the forehead, wings of nose, angles of mouth and the chin, and we have all, doubtless, wished many times for a specific remedy for such troublesome affections. Dr. E. Stillman Bailey has had some excellent results in the treatment of this class of cases, by carefully noting the accompanying nervous symptoms. Young women, and especially neurotic subjects, seem to be the ones most afflicted. They try, one after another, the salves and lotions of the public press, then they follow religiously the advice of doctors as to diet, rest and bathing; but they do not get well. Such cases are so anxious to get well that they create a form of nervous unrest that ripens into an apprehension that they are incurable. They become hysterical, gloomy, despondent, morbid and retiring. They imagine that their friends notice and make comments upon their unsightly appearance. In the actea racemosa, says Dr. Bailey, we have a remedy which will often correct these nervous symptoms. Moreover, as its greatest sphere of action is upon the generative tract, it will also relieve the pains in the back and across the thighs, and the bearing down sensations which are so often present in such cases. It relieves the irritation of the sympathetic nerves, and in this way the vaso-motors of the capillaries are influenced; and the facial eruptions either do not appear, or are improved or cured. We look upon this note of Dr. Bailey's, upon the influence of actea in this class of cases, as quite valuable. It is to be hoped that other physicians may be able to confirm his recommendations. Actea is also one of our best backache remedies, and it influences very favorably the infra-mammary pains so frequently associated with ovarian irritation upon the same side. The author prefers to use actea in low potencies, and to repeat the doses at frequent and regular intervals.—The Clinique.

SILICEA AFTER VACCINATION.

Hering says: The best remedy, confirmed by hundreds of cases, against bad consequences of vaccination is silicea. It

is serviceable for eruptions, swelled glands under the arms or boils on the head; for very red, inflamed and suppurating swelling of the arm, extending sometimes to the shoulder joint, which brings the child in great danger; also for long-lasting complaints as hectic fever, with coughs, night sweats, tetters in different places, red pimples in the face, and particularly the neck.

CANNABIS INDICA IN EXCESSIVE MENSTRUATION.

"While the curette is the ideal instrument for attacking excessive menstrual flow," says the Kansas Medical Index, "there remains a number of cases that will not permit operation, and others in which the trouble is entirely one of functional derangement. In such cases, especially where the exciting cause is an irritation arising in the fallopian tubes or in the ovaries, ten to fifteen-drop doses of tr. cannabis indica, given every three or foru hours, is often curative. It should be commenced a few hours after the flow sets in, say twelve to fifteen hours after, and continued until its effect is produced or the symptoms abate. Much will depend upon the character and purity of the product used as to the amount of benefit received."—American Physician.

MAGNESIA PHOSPHORICA

Dr. J. C. Fahnstock gives what he terms "a vindication" of this most excellent remedy. His patient, who was suffering from dysmenorrhea, described her pains as "something terrible." Dr. Fahnstock says: "I was called to see her May 6, 1900, and found her lying on the lounge with her head at the foot and her feet at the head, thus placing her body and feet above her head, as this was the only position in which she could get the least relief. The pains were described as being sharp, shooting in both ovaries, running toward the womb, where they produced a severe cramp. At this special time

she did not attempt to do or take anything for relief, except to assume the position as described, as she said nothing did her any good.

"I immediately gave a small powder of magnesia phosphorica 30 on her tongue, and, by the way, it was all I had with me. I then went to my office to get more of the remedy in case it should be required. This only took a few moments, but on my return the patient was surprised and I was delighted to see her almost entirely relieved, and in a few minutes more perfectly easy.

"I did not give her any more medicine, but a placebo was used, as she at that time was not educated in our way of thinking. No more medicine was required at that time, and not again until about eight months had gone by, at which time her husband came to my office for another powder, as his wife was having some premonition of a return of her former trouble. One powder was sufficient to relieve her, and she has had no trouble since.

"This is only one of the many cases in which this remedy has acted promptly and permanently. In conducting a proving of magnesia phosphorica a few years ago one of my provers suffered greatly with shooting, cramping pains in both ovaries, extending to the uterus, and down the thighs, accompanied with a bearing-down sensation and great weakness in the lower abdomen. For several days she felt as if she must bend over and hold the lower part of the abdomen or 'everything would fall out.' Previous to this proving she never experienced any trouble or pains of any kind whatever during her menstruation. During the proving menstrual flow would come in gushes, at intervals varying from twenty to thirty minutes or one hour. The pains were shooting in both ovaries, then came a severe cramp in the uterus, followed by a dark clot of blood, then a gush of bright red blood; after this the flow would stop entirely, and only return when pains came on as described above.

The pains produced by magnesia phosphorica were always of a shooting, cramping character."—American Physician.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

GOLD WIRE IN THE CURE OF HERNIA.

Francisco (Centralblatt fur Chirurgie) has already called attention to the admirable results he has obtained in the radical cure of fifty hernias by Tasini's methd of employing a wire mesh. There was union by first intention in all these cases, and the patients were gotten out in two weeks. The wire remains in the wound and forms a bulwark against the reappearance of the hernia. Francisco has now 120 cases in all to report, and notes that the results have been equally good in all.

Since, when a foreign body, such as gold wire, in considerable quantity is left in a wound, absolute asepsis is essential, and since it has been shown that neither by careful cleansing of the hands nor by the use of gloves can this be accomplished, Francisco has devised retractors so designed that the operation can be completed without either the surgeon or his assistant directly touching the raw surface. There is also a spatula employed for depressing the deeper tissues.

The Tasini operation is much like that of Bassini, except that there is left in the wound a network of gold wire, which not only approximates Poupart's ligament in the internal oblique and transversalis muscles, but is woven into a sort of network which remains in place and offers a mechanical resistance to the yielding of the abdomen at this point.—Therapeutic Gazette.

THE USE OF MERCURY AS A SUBSTITUTE FOR MERCURY BICHLORIDE IN SURGERY.

(Ralph St. J. Perry, M. D., Farmington, Minn.)

Ever since the advent of antiseptic surgery there has been a longing for some drug which could be used in sterilizing in-

struments, which would not corrode them, which could be quickly put in use, which could be used any place and under any conditions, which was inexpensive, which was readily portable and which would not injure the hands of the surgeon or nurse. After experimenting several months with an old time antiseptic I think I have solved the problem of doing away with the objection which long ago led to its being discarded, and my aggressive modesty leads me to say that mercury cyanide meets all of the above requirements, when prepared, cared for and used as I am about to suggest.

Those of my friends who were mixing up with affairs surgical some twenty years ago, can conjure up visions of instruments ruined by corrosive sublimate solutions; many an old time favorite catlin or bistourie has had the edge so "chewed up" by the mercuric bichloride as to render it horse de antisepsis along with the bacteria, much to the grief of its proprietor in whose affections it had won a warm spot through long and faithful service.

So, too, my friends can remember stiff and crackly fingers from carbolic acid solutions, and blackened finger nails and sore knuckles from bichloride baths and scrubbings. Much language, stronger than the antiseptic solutions, has been given vent to because of the inroads these substances made upon instruments, hands and purses. For the past six months such things have been strangers to my surgical armamentarium—even the "cuss words."

Mercury cyanide, alias cyanuret of mercury, bicyanide of mercury, Prussian mercury, and chemically compounded thusly, Hg. (C. N.) 2, occurs in colorless, transparent prisms, it has a bitter metallic taste and is freely soluble in water and alcohol. Therapeutically it is classified as an alterative, an antiseptic and a tonic. It has been used in throat troubles and in syphilis. When exposed to light it degenerates and takes on a brownish color.

Mercury cyanide is readily soluble in those menstruums most likely to be used in surgical practice. In cold water it dissolves in the proportion of 1 to 12.8, while it only requires three parts of hot water. Of alcohol fifteen parts of cold and six parts of hot are required. This compares very favorably

with the corrosive sublimate which requires sixteen parts of cold water, two parts of hot water, three parts of cold alcohol and 1.2 parts of hot alcohol. As 99.99 per cent. of all surgical solutions are made with hot water I believe the solubility of the mercuric cyanide fully sufficient to meet all demands.

Mercury cyanide does not corrode instruments, be they solid silver, nickel plated or highly polished steel; the keenest edge of the most delicate knife is not affected. Instead of dulling the surface of polished instruments, it really tends to keep them in polish by removing the sulphides, oxides and other ides which form from the action of atmospheric gases. Years ago, when a drug clerk, I used to sell potassium cyanide to jewelers and silversmiths who used the solution to remove the tarnish from their wares—merely dipping in a weak dilution seemed to suffice. I have found tarnished specula (or speculums) and other instruments to improve wonderfully after a few washings in the mercuris cyanide solutions. The absolute absence of corrosive action of this drug I have demonstrated by keeping various instruments—steel, silver and nickel plated —in a par of 1-1,000 solution for weeks at a time. You can demonstrate it to your own satisfaction by a twenty-four hour test.

Mercury cyanide solutions do not stain the finger nails, inflame the skin or cause any stiffness or crackly feeling of the fingers or hands. This has been the experience of myself and those of my friends who have used the solution.

Mercury cyanide does not coagulate the albumen in blood, mucous or purulent discharges as does the mercuric bichloride. In washing wounds, cavities or sinuses the solution remains transparent or translucent, there is none of that grayish, blackish or prune colored coagulum or precipitate which is seen when the bichloride solutions are used. This freedom from turbidity is advantageous where small instruments are used in the same pan with the cleansing solution, or even when used in a separate pan. Many needles, probes and other small tools have been overlooked in the murky depths of a pan containing a curdled mixture of blood and bichloride solution and have been thrown away with the waste. Aside from the practical points mentioned, the aesthetic appearance is im-

proved and the psychic effect upon bystanders is much better.

Mercury cyanide is an effectual antiseptic. Many experiments by many experimenters have demonstrated that in 1-40,000 solutions, it is effective against the milder bacteria and that in a 1-20,000 it is fully capable of rendering harmless the most rabid disease germs known to bacteriology.

Mercury cyanide will not precipitate or decompose when brought in contact with soap. This is a valuable quality, as it permits its use in sterilizing the hands by scrubbing in a saponaceous antiseptic fluid, something which cannot be done with corrosive sublimate, and not satisfactorily with carbolic solutions unless the latter be so strong that they are injurious to the skin.

Mercury cyanide does not necessitate the use of enameled or porcelain vessels. Being non-corrosive it can be used in tin vessels, a feature which will commend it to the country physician, and general practitioners who do not carry with them a complete aseptic outfit, and who practice in many houses where tin wash basins are far commoner than papier machie, granite, stoneware or other acid resisting wares. This little feature in the use of this antiseptic is one not to be overlooked.

Mercury cyanide has a history—a past. For years it has been before the surgical public in the form of a mercuric cyanide gauze, but it never become popular because of the higher price than other antiseptic gauzes, because it lost its antiseptic virtues if exposed to the light for any length of time and because mercury cyanide was a drug little understood. Because of these things its use has lapsed.

Mercury cyanide has toxic properties. It is well that this fact be known and understood before the surgeon begins its use. When the mercuric bichloride came into general use as an antiseptic thousands of physicians and surgeons were amazed to find that their patients presented symptoms not down in the catalogue of surgical phenomena. A little study and investigation soon learned them that these untoward manifestations were due to absorption of the bichloride, and that in their therapeutic blindness they had led their patients up to the edge of the grave via the dysenteric route. Now I

do not want any reader who may be persuaded through this article to use mercury cyanide to ignorantly poison his patients, so allow me to repeat: Mercury cyanide is poisonous. Not only that, but it is one of the suddenest poisons in chemistry's toxic repertoire; in sufficient doses it will precipitate a funeral in less than thirty seconds. But in the hands of a careful, knowing surgeon there need be no more danger than in the use of other toxic antiseptics.

Mercury cyanide exhibits the following toxic phenomena. In lethal doses there is an immediate suspension of all those forms of molecular motion which constitute life, and unless antidotes be close at hand the most competent physician can do little more than act as a witness to the dissoltuion of life. In acute toxic doses the immediate symptoms are bloody vomiting, frequent and copious stools and severe pains throughout the entire abdomen. In cases of chronic poisoning, or slow poisoning, such as are most apt to follow the long-continued use of the drug, the most marked symptoms develop in the throat and mouth; there is a slight cough; the lips, tongue and inner cheeks frequently present ulcerations coverd with a grayish membrane and the salivary and tonsillar glands become enlarged. This combination has led more than one physician to diagnose cases of slow mercuric cyanide poisoning as diphtheria. (Read the history of the Mollineaux murder trials in New York.) Along with these throat symptoms there appears an injected conjunctiva; severe headache; fixed eyes; cardiac palpitation; frequent, full and hard pulse; difficulty in swallowing; great thirst with a desire to vomit after drinking; more or less salivation, and more or less tenesmus with small, bloody stools. There may be suppression of the urine and the genitals may take on a dark blue color, leading the unsuspecting to suspect gangrene. The danger signals in the use of this drug—the red lights for which one must look out—are the ulcerations of the buccal, labial and lingual mucous membrane, the enlargement of the tonsils and salivary glands and the salivation.

Mercury cyanide as used by me in my every day surgical practice is prepared as follows:

℞ Merc. cyanide ..... 480 grains
Powd. soda boras.....1,120 grains
M. ft. 320 tablets.

This gives a tablet containing one-fifth grain of the antiseptic and three-fifths grains of the adjuvant; and when dissolved in one pint of water gives a 1-5,000 solution, which is amply strong for the sterilization of the instruments. For a 1-1,000 solution add five tablets to one pint of water or else use the larger size tablet containing seven-fifth grains of the mercuric cyanide| In my experimental work I used the simple mixed powder, but now that a definite result has been reached the pharmaceutical feature has been turned over to Mr. Babendrier of the Minneapolis pharmacy, who has turned out a batch of tablets which are eminently satisfactory. If you want to try mercury cyanide as a surgical antiseptic write to Mr. Babendrier who can supply you. Probably, after a lapse of time, other phamacists may awaken to the advantages of these tablets and offer them for sale; if so they have my blessing, provided they put them up as becomes well regulated, skillful pharmacists, and dispense them in dark amber bottles, securely corked, to exclude light and moisture, which exclusion is of the utmost importance in their preservation.—Minneapolis Homeopathic Magazine.

ANTITOXIN TREATMENT OF DIPHTHERIA.

Dr. J. Martine Kershaw of St. Louis considers antitoxin a valuable remedy in the treatment of diphtheria. He thinks those who are good eaters and take champagne, wine and whisky when needed get along better than others. He does not think antitoxin should be used for the purpose of making persons immune, but only when they have diphtheria. In a recent experience with three cases a child with a weak stomach made a better recovery with the antitoxin than two adults with good stomachs did without the antitoxin.—Condensed from Clinical Reporter.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
JAMES WILLIAM MASTIN., M. D., ASSOCIATE EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

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EDITORIAL COMMENT.

We are pleased to notice in the announcement of the A. I. H., which meets in Cleveland, Ohio, June 17-21, that at the general alumni conclave which convenes in the general assembly room of the Hollenden hotel Tuesday evening, June 19th, that the Denver Homeopathic Medical College will be represented by Dr. J. P. Willard, dean, and Dr. David A. Strickler, registrar. This will be one of the important and highly interesting events during the session of the A. I. H., and it is hoped that any Denver alumni within walking distance of Cleveland at the time, will make themselves known. For the information of the friends of the college we will say that the Denver Homeopathic and the College of Homeopathic Medicine of the University of Iowa will share headquarters, section "K" at the Hollenden. Denver has also been assigned space at the Ann Arbor headquarters on the same floor, and as the Denver college has been given ample space, it goes without saying that the interests of our college will not be neglected by those delegated to present its bright side. In years past, when the college was still in its swaddling clothes, it was not only the practice but also a pleasure for several of

the college officials, also members of the factulty, to contribute their time and to defray their own expenses in making this pilgrimage to the American Institute meetings, and it is assuredly an encouraging sign for the welfare of the college to note a renewal of this unselfish practice on the part of those in authority at the present time, inasmuch as the college has not been represented at our national meeting for several years past. There is no reason why the Denver Homeopathic Medical College should not have a much larger patronage, and we believe this can be brought about by the exercise of a little effort on the part of those in authority. The pilgrimage of Dean Willard and Registrar Strickler to the A. I. H. is a move in the right direction. M.

The Cleveland Medical and Surgical Reporter for May comes to us as an American Institute special, containing reminiscences of former presidents of the A. I. H. (their handsome countenances being reproduced by well-executed half-tones), the official program of the annual meeting to be held June 17-21, besides the usual amount of readable and reliable homeopathy. If the advertising patronage extended by the business men of Cleveland is to be taken as an evidence of the interest felt by this class of citizens in the success of the forthcoming convention, there is no question, in our minds, regarding the pleasure side of the entertainment to be provided, or the pleasant recollections members of the A. I. H. will carry home with them regarding Cleveland and her people. The Reporter is to be congratulated upon its enterprise on this occasion and as every member of the institute has been mailed a copy there is no reason why any such should "go wrong" while enjoying the hospitality of the homeopathic profession and the good people of Cleveland, as the Reporter has taken especial pains to show them the right of way. M.

Dr. Samuel S. Smythe and Dr. J. Wylie Anderson, editor and business manager, respectively, of The Critique, left Wednesday morning, June 11th, for a trip to the coast. Before their return they expect to visit many important and interesting points in California, besides making thorough investigation of the new Pacific coast summer resort, known as North Beach, in the state of Washington. Our readers will no doubt get the benefit of any information they may secure regarding this wonderful spot, which will be of interest to the profession and the public in general, inasmuch as they will take advantage of their privilege of using these pages to "tell about it." M.

The Critique desires to acknowledge its obligation to Dr. J. M. Walker of this city for the very excellent article upon the death of William Tod Helmuth, M. D., this sad event having occurred in New York City, May 15, 1902. His intimate acquaintance, almost lifelong, with Dr. Helmuth, and a personal knowledge of both the domestic and professional life of the dead physician, prompted us to make the request we did of Dr. Walker to furnish us with this communication, and we congratulate our readers upon the fact that our choice was directed to the right person. We wish to again thank Dr. Walker for responding so promptly and in so able a manner.
M.

The crowded condition of our pages this issue compels us to forego the pleasure of publishing several interesting papers, among the number being "The Sanitation of the Lying-in Room," by G. P. Howard, M. D., which will be produced later.
M.

Noir (British Medical Journal, March, 1900) states that he has successfully treated several cases of hiccough by Laborde's method of vigorous traction of the tongue. One case which had lasted for six hours was arrested by traction of the tongue for a minute and a half. In another case of six days' standing, which resisted all forms of medicinal treatment, a cure was effected in two minutes.

THE SURGICAL TREATMENT OF CRIME.

The advocates of radical methods of dealing with the propagative instincts of criminals have recently scored a triumph in the success which has attended a surgical operation which without apparent inconvenience imposes sterility on the male.

The universal sentiment of men sufficiently civilized to feel that the presence of crime was objectionable in the body politic has hitherto revolted at the idea of indiscriminate castration as a means of checking reproduction of the criminal population. This is regarded as an inhuman measure which could only have as debasing an effect upon its perpetrator as upon the victim. The measure was one which did more than accomplish its object. It degraded its victim and made him mentally and bodily worse than the lowest degenerate.

To prevent the creation of degenerates under the laws of heredity, it is now suggested by the extremists that resort be had to the modified operation of resecting the spermatic cord. Dr. Ochsner of Chicago, speaking of the operation, which he has twice done for disease of the prostate, says: "Judging by the results obtained in two cases reported, it is evidently possible to obtain sterility without in any way interfering with the possibility of future enjoyment." In other words, this operation is one which does not mutilate the person, does not destroy the sexual power, but does prevent the power of propagation. Another writer has just announced his experience in forty-two cases of defectives, and is prepared to state positively that this operation "does not impair the sexual power of those opearted upon, that they improve mentally and physically, that they increase in flesh, feel that they are stronger, and that while prior to the operation they made no advance in school, their advance is now fairly satisfactory."

The operation itself is a simple one: Cocainize the site of operation over the external inguinal ring, make a one-inch incision, clear the cord and ligate at the nearest point to the seminal vesicle, and remove about one-fourth inch of the vas; close with a buried stitch.

By this simple method is the world to be ultimately reformed—ridded of the picturesque highwayman, the avaricious

bankwrecker, as well as the idiot, the imbecile and the epileptic. It will doubtless be just as well fitted for preventing the gouty, the tubercular, or diabetic inheritances; and when it comes to be practiced by advanced female practitioners, it will easily outrival in usefulness ovaritomy for the creation of neuters. It is possible that in Fifth Avenue circles, where maternity is reckoned an inconvenience which precludes from the full enjoyment of pink teas and ping-pong parties, no man will be eligible for the social distinction of matrimony unless he has previously submitted himself to this innocent and unharmful surgical operation.—Editorial, Med. Age.

THE WORSTED TRUSS.

Hubbard (Boston) speaks in favor of the worsted truss in the treatment of inguinal hernia of infants, preferring it to a more elaborate apparatus. He states that if a cure is to result from treatment, it is as likely to follow the wearing of this form as that of any other. A worsted truss is cheap, and when soiled can be changed, washed and is then ready for use again. It can be worn in a bath and is less likely to irritate the skin than a spring truss.

Worsted is ordinarily sold in a skein made up of two laps. A lap is sufficient for a truss, and the other half can be kept in reserve to be used when the first is soiled. The method of application is as follows: The child is placed on his back, the half-skein passed under him and pulled far enough so that the end just reaches the internal ring. The other end is then passed through the loop of this first end, and the hernia is reduced. The bunch of worsted made by the looping of one end through the other is adjusted carefully and firmly over the hernial opening, and the free end then passed under the leg and fastened by a bit of bandage to the part on the back. The truss should fit snugly, and should be worn at night as well as during the day. Whenever it is to be changed, the child should lie down. An undescended testicle, or the presence of a reducible hydrocele, are contra-indications to the application of a truss. An inguinal hernia in a child of two years or under can probably be cured by a truss, whereas in a child over two years the prognosis as to a cure from truss treatment is rather poor. If the truss controls the hernia, it should be worn for six to twelve months, according to the age of the child, the size of the hernia, etc., before it is discarded, for fear of a recurrence.—Annals of Surgery.

BOOK REVIEWS.

The Freethinkers' Manual. Containing the Description of the Seat and the Nature of the Human and Animal Soul; an Explanation of Thought, Dream, Death and Life; the Illumination of the Brain, the Fecundation, the Storage Batteries in the Human and Animal Body; an Explanation of Fevers, Disease, etc. etc. By Prof. Dr. Baur, Physiologist; H. F. Herbert, Electrician. Published by the Radical Publishing Company, Philadelphia, Pennsylvania.

This book is likely to obtain considerable popularity with a certain class of readers. It contains both good things and new things, but the good things are not new and the new things are not good. However, for those who like this sort of thing it is no doubt the sort of thing that they do like.

While the above criticism may be eminently just, we do not claim that it is eminently original.

CORRESPONDENCE, COMMENTS, CLUB NOTES AND GENERAL NEWS.

A general and cordial invitation is extended to those who may see fit to do so to contribute to this department of The Critique. It is neither necessary that your name should appear upon our lists as a subscriber, nor will the fact that your opinions differ from those of the editor act as a bar to the publication of your views, so long as they are intended to promote the interests of homeopathy. Be as brief as possible and come often.—Editor.

To Dr. Selden H. Talcott more than to any single individual is due the credit of having demonstrated, by practical application, the superiority of homeopathic therapeutics over all other methods of treatment in the cure of the mentally sick. To commemorate the close of a quarter of a century's faithful service as superintendent of the Middletown (New York) Homeopathic Hospital for the Insane, a banquet was tendered Dr. Talcott at the Waldorf-Astoria, New York City, Wednesday evening, May 14, 1902, which was largely attended by the medical profession, and at which time a handsome loving cup was presented the doctor, besides many other evidences of love and esteem were manifested. This event was but a fitting tribute to the achievements of a man who never forgets the fact that he is a homeopath, never forgets to preach it and teach it to those who are so fortunate as to come under his preachings and teachings; a man who merits much more honor from the homeopathic profession at large than could pos-

sibly have been shown him by even so imposing an event as the one to which many of the most distinguished members of the medical world gladly contributed. Dr. Talcott in responding to the remarks of Dr. George W. Robinson of New York, among other things said:

"A quarter of a century ago we commenced our task of applying homeopathic treatment for the cure or relief of the insane. This method had already been exemplified by the illustrious founder of our school at Georgenthal, near Gotha, in Saxony, more than a century ago. The proving of various drugs in our materia medica developed the fact that mental symptoms came out prominently, and therefore it was reasonably concluded that the powers of homeopathy might exercise a vast and mighty influence in the relief and cure of those who were afflicted with mental disorders. The experiment of establishing and maintaining a homeopathic hospital has seemed to meet with a reasonable amount of success. Six thousand patients have been treated at Middletown. Between two and three thousand have been discharged recovered. Forty-six per cent. of those discharged have returned to their homes with renewed health. More than fifty per cent. of those discharged have gone home either fully restored or improved."

The following resolution complimentary to Dr. Selden H. Talcott of the Middletown (New York) State Homeopathic Hospital was unanimously adopted at the thirty-fourth annual meeting of the Homeopathic Medical Society of Kansas, in session at Topeka, on May 7, 8 and 9, 1902:

"Whereas, Dr. Selden H. Talcott has devoted his life work to the cause of homeopathy in the treatment of the insane, and has just completed the twenty-fifth year of service of the Middletown (New York) State Homeopathic Hospital, thereby ennobling the cause and advancing the school so as to command the recognition not only of our adherents but of the entire medical profession of the world;

"Therefore, In appreciation of this fact the Kansas State Homeopathic Medical Society congratulates Dr. Selden H. Talcott upon his successes, and felicitates the profession and the people of the state of New York for having this eminent man in their midst."

DENVER HOMEOPATHIC CLUB.

At the Denver Homeopathic Club on Monday, May 19th, two papers were presented and discussed upon appendicitis. Dr. C. E. Tennant presented the therapeutics and Dr. W. R. Welch the operative view.

The papers were discussed by Drs. W. A. Burr, J. B. Brown, J. P. Willard, C. W. Enos, A. C. Stewart and Edwin Jay Clark. All admitted the necessity for calling the surgeon into consultation early as his

services might be needed at any moment. The various opinions varied between Dr. Welch's immediate operation to Dr. Clark's assertion that under good homeopathic prescribing, operation was seldom needed. The majority was rather more favorable to medication than to the knife.

Dr. Stewart related some of his experiences with the disease during the San Juan excitement. He incidentally mentioned one of the great drawbacks in the medical treatment, viz, the small fee. In the case he was relating his fee was $7, while had he operated he could have had $125, and people would have thought more of him.

Remedies mentioned were bell., merc. sol., rhus tox., hep. sulf., ars., and sulf. Dr. Stewart cautioned against the use of merc. sol. 3x in young girls, because it would and had in his hands produced typhilitis. Dr. Willard related the treatment of his last case, a very severe one, diagnosis unquestioned. He required complete rest in bed, thorough emptying of the lower bowel, securing quiet of upper bowel by not allowing any substance other than water as a food or drink, rectal feeding when feeding was necessary and the use of bell. and bry. He now prefers the rational method to that of the early operation.

Dr. Enos astonished the club by advocating a radical departure from the usual rule, in his cases not even allowing the use of water. This idea did not meet with a single favorable comment. Dr. Welch in closing the discussion said that he thought that his paper had to a certain extent been misunderstood. "I do not mean that every case should be operated upon."

The night was a very rainy and disagreeable one, keeping many of the regular attendants at home, but the meeting was one of the best in months and well repaid those who had braved the storm to be present. Every physician present but one taking part, each expressing his opinion and his experience without any clashing or friction. The reading of the papers and the discussion occupied two hours and one-quarter. At the conclusion of the discussion Dr. E. Dillard, a graduate of the Hahnemannian Medical College of Chicago, 1887, was elected a member.

June 16th Dr. Harris presents "Floating Kidney," and Dr. A. C. Stewart, "Lymphæmic Dyscrasia in the Child and Its Probable Entailment Upon the Adult." E. J. C.

OUR STATE SOCIETY.

On Wednesday and Thursday, September 17th and 18th, at Pueblo, will occur the next session of the Colorado Homeopathic Society. The local physicians of Pueblo, under the able leadership of Dr. George E. Gray, chairman of the committee on arrangements, are actively at

work preparing plans looking to the most interesting and profitable session ever held in Colorado. Most of the bureau chairmen have their work well in hand, though a few, as usual, are waiting for the last moment. Many of the papers are already blocked out, while others will not be written until after reaching Pueblo. You can easily tell which are which when they are read.

The program will be sent out the first of August and will be the best in the history of the state society. Doctor, have you promised a paper? If so, get to work now and write, and then rewrite it and boil it down and eliminate from it by careful revision all crudeness of expression, and we will then be able to publish the transactions this fall without fear of just criticism. Short papers secure the highest amount of praise. EDWIN JAY CLARK, Secretary.

HAHNEMANNIAN DIRECTORY.

"For the convenience of readers who desire to recommend their patients to Hahnemannian physicians we publish a list of those who to the best of our knowledge use the single remedy. We ask assistance in correcting, extending and perfecting this list in order to make it more useful. These cards, including subscription, $3 per year, but names of all Hahnemannians will be retained in the directory whether subscribers or not."—The Medical Advance.

The foregoing notice apppears in what is, no doubt, the business end of the Advance, and although the unsuspecting reader is led to believe that the object of its publication is purely for the purpose of advancing the cause of homeopathy, one does not need to wear "goggles" of unusual penetrating power to perceive that the aforesaid business end is getting in its work with a vengeance. We take pleasure in publishing the following article, which the Denver list in the Advance brings to the surface:

Editor Critique:

Have you seen the list of single remedy prescribers published in the Medical Advance? Can you tell me why it is that so many prominent physicians who invariably use the single remedy are conspicuous in this list by their absence? How was the list prepared? I can see only one answer, and that is that the Advance has taken it for granted that all the single remedy men are subscribers to their journal and have accordingly published their mailing list under the caption of "Hahnemannian Directory," and have not taken the pains to ascertain whether that list is correct as to this point or not. The beauty of the list is the small number of names it contains. I am sure that the Denver list as given does not contain over twenty per cent. of our local single remedy prescribers. It is certainly a great injustice to many to publish such a misleading list. We would like to have a list of single remedy prescribers of the United States, providing the list was compiled with some regard for accuracy and without favoritism, partiality or a $3 fee. EDWIN JAY CLARK.

May 20, 1902.

A. I. H. NOTES.

The institute committee on revision of the by-laws has, as per instructions, prepared a schedule which will be found in the secretary's annual circular.

As space there would not permit of a thorough explanation of the plan proposed we desire to present the same to the profession through the journals, that all members may study and understand the plan before meeting.

First—The schedule has been arranged so that all meetings may be held within the week.

Second—It has provided seven hours for the general business of the institute—ample time.

Third—It has provided one whole day, six and one-half hours, for the sole consideration of materia medica—the keystone of our faith, and without it we have no reason for our distinctive organization.

Fourth—It recognizes the fact that the majority of our members are general practitioners and that their rights must be protected. We have therefore provided for them six and one-half hours of materia medica and one and a half hours upon each department of medicine, and in which practical rather than technical papers should be presented. They also have the right and privilege of attending any or all of the special societies they desire.

The committee believe that any schedule providing for special societies alone should not prevail because it takes from the general practitioner and adds to the specialists the benefits of membership. The institute cannot publish in any way the transactions of all the special societies and their own without increasing its dues. This makes the general practitioner pay more than at present and the specialists less as it cuts off the dues of his special society.

Under the proposed schedule the institute would publish its general business, statistics, etc. All the materia medica meeting and the general scientific meetings hold daily from 10:30 to 1:30, so that the institute members would receive in return for their dues a volume of "Transactions" about the same size as at present, while the special societies would be allowed to publish their own transactions.

Fifth—This schedule gives the special societies what they want, ample time to hold their meetings during the week of the institute, and we believe will be entirely satisfactory to them.

Lastly—It does not saddle the expense of the special societies upon the institute, which it cannot stand without increasing its dues, and we believe any increase of dues would greatly cut down our membership and in that way injure the life of the institute.

THEO. Y. KINNE, Chairman.

A BRIEF RESUME OF NEW DISCOVERIES.

By J. W. A.

Dr. Spadari of Paris claims to arrest the progress of incipient tuberculosis by administering iodide of potassium in solution in very small doses, each dose followed by an inhalation of the essence of turpentine, lasting ten minutes. With this treatment using the usual hygienic and dietetic treatment.

* * * * *

Dr. Charles Phelps, surgeon at Bellevue, has made the discovery that you do all your thinking with the left side of your brain. In 262 cases of injury to the right side of the brain, had no effect upon the intellect. In the New York World he cites numerous cases in which patients had received a gunshot wound on the right side of the brain without impairing the intellect.

* * * * *

Bright's disease cured by the use of the knife, by Dr. Edward R. Kirby, who has several times relieved said disease by operation. He does not describe the operation in detail. Claims to have made the discovery while operating for another trouble.

* * * * *

Consumption cured by concentrated rays from an arc light. It is said to kill all the tubercle bacilli. The above claims are made by a German by the name of G. Kaiser.

* * * * *

Again, at the Flower hospital, a new treatment is being applied to the desperate cases of consumption by the application of violet light. This new light is produced by an instrument known as actinolite, by means of which violet colored electric light of 25,000 candle power is poured daily upon the bodies of the patients. Great claims are made for this light.

* * * * *

Also that it cures cancer. At the New York Homeopathic Medical College and Hospital, in the presence of about two hundred doctors, invited from many parts of the country to witness the demonstration by Dr. William H. King, of the actinic rays for cancer and consumption.

* * * * *

Consumption cured by the injection of formaldehyde into the veins. Dr. W. C. Robbins of Phœnix claims the solution kills the bacilli. Quite a number are taking the treatment and there is talk of a sanatorium being built at Phœnix in the near future.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Dr. J. W. Enos, formerly of Jerseyville, Illinois, is now located at Boulder, Colorado.

Medicine is a business as well as a science, and the physician who is most business like in his methods is most esteemed.—Pan Path.

Ralph D. P. Brown of the class of 1902, Dunham Medical College, will locate in Pueblo. Dr. Brown is very enthusiastic in his praises of his alma mater.

Drs. C. F. Stough and F. A. Faust of Colorado Springs represent the state society at the American Institute, and Drs. David A. Strickler and J. P. Willard represent the Denver Homeopathic College.

The business manager of The Critique had a pleasant call from Dr. John G. Sharpe of Dover, Delaware. Dr. Sharpe is the proprietor of the Hotel Richardson, the finest hotel in the state of Delaware.

Dr. Walter Joel King has located at Golden, Colorado. The Critique wishes the doctor success, and if strict business principles will avail we are sure to hear good things from that quarter. Colorado's motto is thoroughly represented by Dr. King—"Forward."

Dr. S. S. Smythe, J. Wylie Anderson and wife left on the 11th of the month for a trip to the northwest. They will visit Portland and take a trip to The Dalles, on the Columbia river, and spend some time at North Beach at the mouth of the river; then by steamer to San Francisco, California, stopping at Ogden and Salt Lake on their return trip.

The gentlemanly representative of the Liberty Chemical Company, Mr. G. William Park, left us a sample of odomuth, which we found is a most excellent preparation. A harmless, powerful, healing agent, composed of a combination of iodine and bismuth. We hope to see the company follow up the good detail work their representative is doing by advertising in the medical press of Colorado.

THE DOCTOR'S OFFICE LITERATURE.

Have you seen that quaint collection of the things of other days,
Which in any doctor's office meets the weary patient's gaze;
Which consists of battered numbers of three-year-old magazines,
And some illustrated papers full of long-past battle scenes?
Have you seen those hoary relices of the antiquated past,
Which with "trophies" and "mementos" could be very fitly classed?
If you haven't, make a journey up to that abode of gloom
Which is known to fame and patients as the doctor's waiting room.

There they lie, upon the table, and you look them o'er and o'er,
Searching vainly for some story that you haven't read before.
For the chairs are full of people, and you've simply time to burn,
Ere a welcome voice announces that at last has come your turn.
There's a Puck of last year's vintage and a Life of '98,
And a Munsey and a Scribner's of a yet more antique date,
And a Harper illustrating Admiral Montejo's doom.
All are in that weird collection in the doctor's waiting room.

Through the pile you run your fingers, for you've nothing else to do,
Eagerly you pounce upon it, till, disgustedly, you see
That it's some prosaic treatise on applied pathology;
And if chance some other new one shall reward your wild pursuit,
You'll discover it's a record of the "Bilious Institute."
You can dig there for an hour, but whatever you exhume
Will be just the same old rubbish, in the doctor's waiting room.

—J. J. Montague in Portland Oregonian.

THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of of the Missouri river. Hence, it is the best medium through which to advertise.

Is your auto out of order? John F. Barber, 1515 California street, is prepared to doctor it for you; also your medical batteries and attachments.

The Fleur de Lis Chemical Company, manufacturers of Seidlitz Salts. Indicated in hepatic torpor, constipation, obesity and gout. Sold by all druggists.

The virtues of Fellow's Syrup of Hyphophosphites in anemia, bronchitis, phthisis, influenza, neurasthenia and during convalescence after exhausting diseases are world wide. The use of this preparation grows with the years.

The Continental Oil Company's specialty store, corner Tremont and Fifteenth streets, carry a full line of oil heating stoves, oil cooking stoves and lamps. Newest designs in candelabra, candlestocks and fancy shades.

In a case of inguinal abscess involving a large area, Bovinine locally and internally was used with marked benefit. Bovinine supplies all the elements that the blood is deficient in, hence the benefit of introducing it into the blood.

Papine is the ideal pain relieving principle of opium. One can dispense with opium, the narcotic. Papine produces no tissue changes, no cerebral excitement, no interference with digestion." Battle & Co., chemists, St. Louis, Missouri.

Hydrozone, as presented to the profession in automatic safety valve stoppered bottles, is a harmless, powerful, bactericide and pus destroyer. Indicated wherever inflammation or suppuration exists. Read advertisement on page 7.

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Marach, manufactured by the Columbia Chemical Company, is good in all cases where inflammation exists. A leading feature of this preparation is that it is sterilized and ready for use by heating by setting the can in a basin of hot water.

Samples of Mellin's food to physicians free. To quote from the printed matter of this company: "One great cause of sleeplessness in infants is improper or insufficient food. An infant will usually sleep well after taking food that satisfies and nourishes."

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Dr. Givens' sanitarium at Stamford, Connecticut, is a homeopathic sanitarium, thirty miles from New York, for the treatment of nervous and mild mental diseases, and narcotic and alcoholic in addition. The sanitarium is composed of a main building and several cottages which are arranged with every modern convenience, including electric lights, steam heat, sanitary plumbing and various forms of baths. Experienced nurses are in constant attendance. Massage, electricity (galvanic, faradic and static) are utilized. Correspondence solicited.

Dr. W. H. Banwell, Orleans, Nebraska, says: "Miss N., aged 17, attending high school and working almost day and night. Ceased menstruating and commenced coughing in the winter of 1899-1900. At the time she came under my care she could not sleep and had epileptiform symptoms. Took her away from all her studies, put her on Gude's Pepto-Mangan, a teaspunful t. i. d., gradually increasing to a tablespoonful. She began to improve from the first and in three months was in her usual good health."



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RECEPTIVE JOHNNY.

"Children," said the teacher, while instructing the class in composition, "you should not attempt any flights of fancy, but simply be yourselves and write what is in you. Do not imitate any other person's writing or draw inspiration from outside sources."

As a result of this advice Johnny Wise turned in the following composition:

"We should not attempt any flites of fancy, but rite what is in us. In me thare is my stummick, lungs, hart, livver, two apples, one piece of pie, one stick of lemon candy and my dinner."—Baltimore American.

Notice of Change in Address.

The G. R. X-Ray Manufacturing Company, a firm recently made pleasant acquaintance with by many of our readers, has for three years had its main factory in Ravenna, Ohio, and very little has been done in Grand Rapids, Michigan, outside of the office work. Last year an addition was built to the Ravenna factory, to make space not only for the manufacture of more of their static X-Ray apparatus, now so well known as "The Sorensen," but also to make room for offices.

Before the building was completed the demand for their different X-Ray apparatus was so great, however, that they had to use every foot of space for manufacturing purposes, and it was not until another addition was built this spring and space rented in other buildings besides that they have got room enough to move everything to Ravenna, but even with the additional space the demand for their goods has so increased that they must build again this summer.

This constant demand for "The Sorensen" shows how much this machine is used by the medical profession.

The X-Ray Manufacturing Company in Ravenna, Ohio, is the only factory making static machines all from the crude material into a complete finished machine. The lumber is bought in the woods and dried and prepared in the factory, and the same way with all the other material.

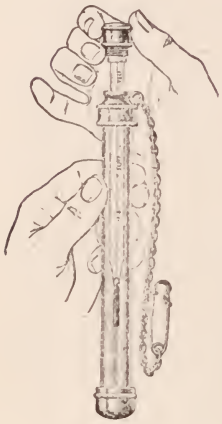
Our readers, who have formerly had dealings with them, as well as new customers, will after this address all communications to G. R. X-Ray Manufacturing Company, Ravenna, Ohio.

New Inventions—An Aseptic Thermometer Case.

(From the New York Medical Journal, May 3, 1902.

The medical profession, as a class, recognize the necessity for absolute asepsis in all medical and surgical procedures, the carrying

out of which may subject a patient to a possibility of becoming infected. This danger is quite as imminent in the use of clinical thermometers as with surgical instruments, for a thermometer being used with several patients in quick succession and without being properly cleansed and disinfected after each application may transmit disease from one to another.



The simple device manufactured by the Norwich Pharmacal Company and pictured here provides a ready means to this end, and does away with much of the trouble attending the sterilization and disinfection of the thermometer by the user.

The illustration gives a fair idea of its simplicity. It measures complete about five inches in length, and the diameter is so slightly increased over that of ordinary holders as to make it scarcely noticeable in the vest pocket. The lower part, which holds the antiseptic solution, is a tube made of heavy glass of best quality especially annealed to withstand hard knocks.

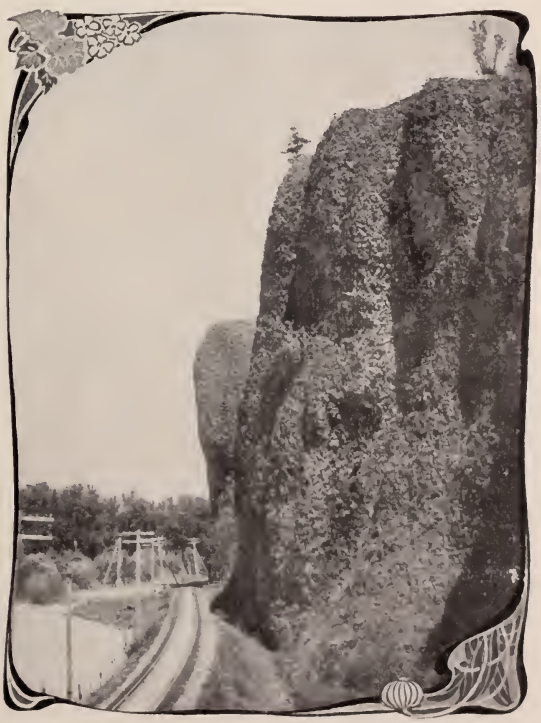
The bottom of this tube is closed by a metal screw-cap, which hermetically seals the end and protects it against breakage. The upper end of the tube is closed by a diaphragm held in position by a metal neck-band to which is attached a safety chain for fastening the case securely to the vest. This diaphragm is so constructed as to admit of inserting the thermometer into the antiseptic solution, where it may be carried without danger of leakage. The thermometer is secured by rubber packing to a metal cap, which screws into the neck-band, making the apparatus complete.

In using this appliance the glass tube is nearly filled with an antiseptic solution, such as corrosive sublimate, 1-500. This is done by inverting the case and unscrewing the bottom cap, when the solution may be introduced without disturbing the thermometer, and the cap may then be replaced. It may then be safely carried in the pocket, since the toughness of the glass insures it against breakage and the diaphragm prevents leakage.

To remove the thermometer from the case, it is only necessary to unscrew the cap, as shown in the cut. On withdrawal of the thermometer the diaphragm completely closes so that the antiseptic solution cannot run out, even though the case be inverted. The thermometer is returned to the case with equal ease.

In its improved form this case is all that could be desired and admirably accomplishes its purpose.





COLUMBIA RIVER GORGE (IN THE HEART OF THE CASCADES) AND BRIDAL VEIL BLUFFS, COLUMBIA RIVER.



MULTNOMAH FALLS (820 FEET HIGH) AND THREE VIEWS OF MT. HOOD.

[See article entitled "Long Beach, Wash.," in this number.]

THE CRITIQUE.

VOL. IX. DENVER, COLO., JULY 15, 1902. NO. 7

FLOATING KIDNEY.

The reasons why I chose this subject for a paper to be read before this club are:

First—The frequency of the condition.

Second—The unfamiliarity of the profession with it.

Third—To point out the true cause in contra-distinction to what has, until recently, been considered the cause or causes.

Fourth—To emphasize the two symptoms, or rather sets of symptoms, which should lead us to suspect floating kidney.

Fifth—To call attention to the fact that only a certain per cent. of the cases develop symptoms and require treatment, and

Sixth—The proper treatment when any is necessary.

This is a condition which very few physicians in the routine of every day practice think of examining their patients for, hence not a few chronic cases, the certain condition of which I shall speak later, fail to improve as the true cause of their trouble has not been found. I dare say there are physicians here to-night who, in from five to fifteen years of practice, have seen but few cases of floating kidney to recognize them as such, and yet how many chronic cases have drifted into your hands and out again in that time, with no doubt quite a number of them having this condition as the cause of their trouble. Floating kidney is much more frequent in women than in men. To show you the difference in the frequency as found in the various clinics, and this difference is due to the care taken in diagnosis, I will quote the statistics from three of the great clinics: Kusko of Berlin found in his general surgical clinic that 4.41 per cent. of the women had floating kidney; Edebohlz of New York, in an exclusive gynaecological practice, found twenty per cent. thus afflicted, while Harris of Chicago found fifty-six per cent. of the women who presented

themselves at his clinic had distinctly movable kidneys on one or both sides. There being no doubt as to the correctness of the last observations, you see how many of the women have this condition. One of the questions, then, which presents itself to us is: "What is the cause of floating kidney?" Let me name for you the causes put down in the ordinary text books:

First—Repeated pregnancies.

Second—Laceration of perineum with prolapse of uterus and ovaries.

Third—Retro-displacements of uterus.

Fourth—Wasting diseases with absorption of perineal fat.

Fifth—Enteroptosis.

Sixth—Removal of abdominal tumors.

Seventh—Traumatism.

Yet let me say that these conditions, singly or combined, play a very minor role as causative factors, merely aggravating the condition after having been caused by other influences. Dr. Harris proved conclusively that the true cause of floating kidney is found in the relation which exists between the location of the organ and the body form. He arrived at this conclusion by making a series of body measurements, five diameter and two circumference, in 126 cases, dividing the body into three zones, the middle zone, which normally contains the kidneys, being bounded above by a plane passing through the lower end of the sternum, and below by another passing through the most prominent part of ten ribs; when, by these measurements, the middle zone fell below a certain capacity, the index, as we might say, being determined by the distance from upper end of stenum to symphysis pubes, then that subject was invariably found to have floating kidney, because the capacity of the middle zone was too small to contain all its organs and some had to be displaced, this falling to the lot of the kidneys, one or both. Hence the true cause of floating kidney is the improper or under development of the body form, diminishing the capacity of the middle zone. With so large a per cent. of people, especially women, having floating kidney, there are only a certain number who develop symptoms from the same, and can truly be said to be afflicted with

this condition, yet when they are it behooves us to be able to recognize it as such, that we may be able to give them relief and restore them to health.

There are two leading sets of symptoms which should always cause us to examine carefully for floating kidney, and if found we should endeavor by every known diagnostic means to deetrmine if the abnormally placed kidney is the primary cause, then we can decide what treatment to follow. The two sets of symptoms I refer to are:

First—Indigestion more or less chronic. (This comes in the earlier stages of the condition, say from one to three years.)

Second—Neurasthenia. (This comes later, say three years and after.)

With either one or both of these conditions existing the kidneys should be examined as to their mobility. The concomitant symptoms which are liable to be found are irregular quantity of urine, now scant, now profuse, which is caused by a kinking of ureter and suppression for a time, also renal colic, tumor in abdomen and albumenuria with the other symptoms of interstitial nephritis. The diagnosis is completed by the physical examination. Place the patient supine, shoulder slightly raised, hands on top of or over the head; with one hand make deep, upward pressure just over the twelfth rib, counter pressure with the other over same side of abdomen; have patient take deep inhalation, then exhalation, when you can palpate the kidney on that side, note its size and amount of mobility. The mobility is divided into three degrees: First, when one-half of kidney can be palpated; second, when all of it can be felt; third, when it passes to brim of pelvis or lower. I do not feel as though a discussion of the treatment of floating kidney is within the scope of this paper. It is virtually surgical and almost every surgeon has a technique of his own. Let me say, though, that many times it will be best to start the case on the rest cure or Weir Mitchell treatment to overcome the neurathenia and build up a depleted system before resorting to operative measures. The operation of nephropexy or anchoring the kidney is comparatively simple and void of danger, so far as an operation can be, at the same time productive of the best results when done in the proper manner.

Read before the Denver Homeopathic Club, Monday evening, June 16th, by J. W. Harris, M. D.

WHICH SHOULDER SHALL BE DELIVERED FIRST.

(BY C. E. FISHER, M. D., CHICAGO.)

Discussion of how best to save the perineum in labor being always timely and in order, special value attaches to an excellent article by G. Maxwell Christine, M. D., Philadelphia, in the Hahnemannian Monthly for June of the current year, upon the relation of the delivery of the shoulders to this important subject. Previous contributions to this phase of delivery are to be found in the Medical Century, of which I was at that time editor, in the issue of June 1, 1895, Vol. III., page 248, by T. G. Comstock, M. D., St. Louis, and W. C. Richardson, M. D., of the same city, perhaps the articles to which Dr. Christine refers, but which he has been unable to locate, especial value attaching to Dr. Comstock's treatment of the subject because of its elaboration and fullness.

Long before reading the contributions referred to it had been my rule to deliver the anterior shoulder first, chiefly because I had found it easy of practice and as facilitating the completion of labor. I have not found it necessary, nor especially desirable, however, to hurry the delivery of this part because of danger to the child from asphyxiation, as suggested by Dr. Christine, since I have never found post-head-delivery contraction of the perineal tissues sufficiently firm to endanger the baby. No matter how blue the face of the child may become prior to the delivery of the body, I feel no concern on this score. Several minutes nearly always elapse, in even the most normal of labors, between the birth of the head and the birth of the body. Nature demands these moments of rest, nor have I ever found them of danger to the child. Of course this does not apply to unusually long detention of the trunk in the parturient canal, nor to retarded body delivery from fœtal abornmalities. But the degree of asphyxiation depending upon thorax compression of neck constriction subsequent to the expulsion of the capital pole has never been sufficient, in my experience, to occasion the slightest concern. A few moment of cord pulsation before the cord is tied has always cleared up this venous stasis. In fact, I depend wholly

upon the continuance of the maternal circulation for resuscitation purposes, never tying the cord until the pulsations are good and strong, unless they go in the opposite direction, indicating separation of the placenta and fœtal siphonage.

I have not fonud it necessary to place the patient in the position described by Dr. Christine, namely, across the bed with the hips well toward the edge, in order to get the benefit of gravity of the fœtal head and trunk, as the child is being born, upon the perineal tissues. The English position, the woman on her side with her back toward the accoucher, accomplishes the same result and requires no assistants to hold the limbs in the flexed position. Ordinarily, the head may be sufficiently depressed against the perineum to accomplish all that is necessary, with the woman in the dorsal decubitus. It is plain, however, that in extreme cases the practice outlined by the author whose contribution is under discussion may be of extreme value.

Not alone because of the greater safety to the perineum is it desirable that the anterior shoulder shall be delivered first, but because the safety of the anterior tissues, including the urethra, is conserved by the procedure. In order to deliver the posterior shoulder before its fellow is brought down there must be a good deal of forward pressure of the head, and also of the acromion process of the unborn shoulder. This pressure is directed upon the urethra and against the meatus uranarius. These tissues and the anterior fourchette suffer, and their suffering is of a nature to cause a great deal of discomfort. It was protection of the urethra rather than protection of the perineum which caused me to first practice delivery of the anterior shoulder.

Nor have I found it necessary to rotate the body of the child after anterior shoulder birth prior to the delivery of the posterior member. It occasionally occurs through nature's efforts. But my practice has been to deliver the anterior shoulder between pains, when possible, and then to allow the child to lie with the pressure of its weight against the perineum until a normal pain occurred. The transverse diameter of the fœtal trunk will have been lessened by the diameter of the delivered shoulder and arm, and thus more room will have

been gained for the trunk as it glides out over the perineum. It is now the shoulder and next frequently the posterior elbow, doubled, that tears perineums in my practice. If I can get the anterior shoulder away between pains I can almost certainly guarantee against perineal injury as the posterior shoulder and arm are being delivered. But if the anterior member be held back the danger to the perineal tissues is greatly increased.

THE SANITATION OF THE LYING-IN ROOM.

(BY G. P. HOWARD, M. D.)

There is no place in the whole routine of the doctor's duties where the field of opportunity opens so broad as in the lying-in room. Opportunities not only for the physician to lay foundation for future popularity and success for himself, but opportunities for him to lay foundations for happy homes and healthy lives, for useful citizenship. As we contemplate that most wonderful phenomenon, "birth," which, together with death, stand out as the most incomprehensible of all of nature's laws, we can but speculate upon the influences which may or may not be flung across the pathway of this living, breathing and developing human life, which are to become factors in bringing to it years of healthful, glowing happiness, or to curse it with weaknesses which will stunt its intellect and render the physical organism incapable of taking an equal position in the world's conflicts. If the doctor has it within his power to touch the keys which may bring about desirable results, then does the problem become of greatest interest to him. With this preamble, let us at once to the consideration of the details of the surroundings of the "to-be" mother.

Let the room selected be airy, exposed to sunlight, and as far from the noises and odors of the kitchen as possible. Remove the carpet from the floor, and all heavy, dust laden portieres or curtains should be treated to a prolonged sun bath. Thoroughly scrub the floor, wood work and picture frames.

Place rugs upon the floor, and take unusual care to beautify the room as much as possible, and why? Because this room is to be the birthplace of new aspirations and hopes, the foundation of air castles which are to reach high into the realm of loveliness, influence and fame; here during the next two or three weeks everything will be most carefully observed, and our object will be to compel a contentment, that the mother's mind may take on happy expectation and hope, that her new living may take on no morbid forebodings, and that fear may be banished. The sharp eyes of the whole neighborhood will be upon our every arrangement, our thoughtfulness will receive the approving nod of the old ladies present, even if they never had thought of them in all their lives before. The air of "something awful going to happen" must be banished, even if the long-faced, anxious-eyed old lady has to be sent on half a dozen useless errands in order to keep her out of the room. Use every endeavor to make this person your ally, saying to her quite often: "Now we will do so and so," and she will soon be sharing in the responsibility of the case, even defending any methods we may use. Let the bed be the same as the lady has been accustomed to, making absolutely no change at this time. The time for discarding feather beds or saggy springs was some months ago. To protect the bed no plan is so good as to place over the under sheet the rubber cloth, forty inches square, allowing the front to fall over the bed rail, securing the back corners with pins. To dress the lady, fold a sheet lengthwise over a tape of sufficient length to tie about her above the breasts, under other clothing, thus forming a complete covering which is easily removed. The gown is now pushed up and smoothed out under the shoulders. It is well to sacrifice a gown to this occasion by cutting up the center of the back through the hem to the yoke, so when through the mother is made warm and dry with sufficient pilch supplied, the gown may be drawn down over the feet and yet not be under the body below the waist. During parturition the fluids may be taken from the cup-like pocket in the bed by means of a saucer, and not allowed to soak the bedding, and this will add one more strong friend in the person of the house girl, who will not be slow in showing her appreciation

of the smallness of the washing, and will make occasion to express her approval. All cloths used should have been thoroughly washed, if furnished at the house, and old is preferable to new goods, except for a final dressing, where nothing but sterilized gauze should be used. During all of the trying minutes or hours, as the case may be, the influence of "suggestion" should not for one moment be lost sight of, and it is much easier to avert the evil results of unwise and thoughtless suggestions by keeping all such out of the room. This is something of great importance, for a large percentage of the cases of "fright," "relaxation," "flooding" and "collapse" are traceable to the influence of suggestion. After the labor should come "rest," absolute mental and physical rest. We may not be able to attain so much, but we must go as far as possible. The room should be darkened, the neighbors to be expelled and the baby cared for in another room. With these conditions and the temperature between 68 and 72 we may be able to induce a refreshing half hour's sleep, which at that time is the thing most to be desired. This little sleep will insure better and firmer contractions, lessen after pains, induce an appetite and greatly reduce the dreaded fright. Not only must we give the mother our attention, but the baby as well. Dress the navel with a bit of sterilized gauze or cotton, the latter preferred, with no oil, no grease of any kind, no adhesive strips and no band. I would write in large letters: "No band, no rupture." Perfect freedom in every part, comfortable as to texture and equal warmth would govern the dress for the baby. No bed is large enough for the mother and baby. Let the baby lie upon its right side in a crib, no rockers, out of drafts, and protect the eyes from bright light in the day time and no light in the room at night.

The little organism is undergoing many new surprises, the lungs are expanded with air, the pulmonary circulation is established, the skin is for the first time exposed to the action of air, light and changeable temperature, and the alimentary canal and kidneys are taking on functional activity. It becomes of great importance that we so guard these new processes that they are not perverted at the very beginning.

Nature seems a little tardy to some in the providing of nourishment, but except in unusual cases we will not be able to improve upon her provisions. Avoid "teas," soaked crackers, sugar and all the rest of them. A sufficient quantity of water and regular meals will give the best results. Put the baby to the breast within the first hour of its life, and regularly every three hours in the day time, and once at night for some weeks thereafter. Guard the quality of the nurse, for it will be responsible for much that befalls the little one's health.

Over-work, excitement, joy, grief and especially anger will make a sick baby. In the advice given in the lying-in room these influences are pointed out and have an immediate beneficial effect upon the mother, and if carried out will mean much to the health and happiness of her home.

AMERICAN INSTITUTE.

The meeting held at Cleveland last month was one of the best, if not the best, sessions of this body in its history. The attendance was very large, both in members and in visitors. Dr. Wood proved himself an excellent presiding officer, fair to all, had matters well in hand, and carried the business of the meetings through with neatness and dispatch. The sectional meetings were of unusual interest, and the scientific features of the meeting were quite up to the usual high standard. To one not accustomed to attending these meetings it is difficult to appreciate what a community of interests are represented in the American Institute, and what a bee-hive of industry it is. For the initiated the week spent at the Institute is one of the busiest in a year of busy weeks. All interests of the school are considered, many of them by standing committees, as the inter-state committee, consisting of two members from each state elected by the different state societies, whose duty it is to consider the needs of the school in the different states and devise ways and means of assisting each other in meeting the same; the inter-collegiate committee, con-

sisting of two delegates from each college, which considers all matters relating to college interests, the advancement of college requirements, the regulations for the admission of students, etc., a committee without which a recognized standard in colleges would be impossible, and instead of the mutual good feeling and respect for each other would be mutual distrust and rivalry that would throw discredit upon all. Here, as elsewhere, knowing men better gains our respect for them. The committee on organization, registration and statistics, which keeps us posted from year to year upon the work being done in all parts of the country by our school, the number of colleges, hospitals, journals, students and all matters relative to our growth and influence upon the body politic; committee on medical legislation looking after our interests and using its efforts in preventing unfair or discriminating legislation; committee on education; committee on life insurance, whose aim it is to gain proper recognition of the school from the various insurance companies in their appointment of medical examiners; committee on examining boards, composed of members of the various state boards of medical examiners, who discuss matters relative to examinations, their mutual relationship to other examining boards, etc., and then comes a list of committees having duties relative to the organization of the Institute itself. The attendance upon these various committees keeps all busy between the sessions devoted to the reading and discussion of scientific papers. Here one learns who is who, and what others are doing and thinking upon the questions which are engaging the thought of the busy practitioners in all sections of the country. Attendance upon the Institute is a great school in whatever line one wishes to consider. Here we meet from year to year the earnest worker along scientific lines; the would-be medical politician who has in his mind's eye the men for the various offices, particularly the president, for the next ten years, also his brother politician who believes he personally embodies the virtues of the Institute and can win the presidency by shaking hands with strangers and asking their votes for himself; here also he meets the jolly, hale-fellow-well-met, who cares little for politics and still less for the scientific discussions, but who is out for a

little rest and a good time with his friends of times gone by; and then again he meets with the man with a scheme by which all may get rich, and he, too, incidentally, of course; here he may see all the new instruments of import to the profession, but best of all, here he learns to know the men of whom he hears most, who have made a name for themselves, and in knowing them is often able to add something to his knowledge of human nature and its requirements for success. All this, and much more, may be acquired by attending the Institute. It is the duty of every homeopathic physician to add his influence to this grand center of organized homeopathy and thus give an impetus to its influence that cannot be had in any other way.

A. I. H. NOTES.

The Cleveland session was one of the largest in attendance in the history of the Institute.

Dr. Wood made an excellent presiding officer. His decisions were impartial in character, promptly rendered and gave good satisfaction to those who sat in conference.

One of the pleasantest and most enjoyable features of the meeting was the conclave of colleges, held on Thursday evening in the Chamber of Commerce, where six or seven hundred people gathered to hear short speeches from representative men from the different colleges. A general spirit of good fellowship prevailed. The results cannot be other than salutary. The exercises were followed by a light lunch and a social time.

The local committee on entertainment proved itself equal to the occasion and furnished an excellent opportunity for a good time for all in attendance. The ladies were especially well cared for by the Meissen and the ladies of Cleveland.

All reports seem to indicate the union of the homeopathic profession in Cleveland as the result of the meeting there. If true, the result paid for any effort that the physicians may have put forth for the meeting.

The next meeting of the Institute will be held in, or in the neighborhood of, Boston. It has been many years since the

meeting was held in this region, about thirty-five, we are told. It should be largely attended in this historic spot.

Politics in the Institute was present in the usual form. It is impossible to run any large organization without politics, and perhaps it is wise that this is true, but it is unfortunate that any small coterie of men should feel that the responsibility of the Institute lies on their shoulders. Its men for offices should be selected from the men who show their ability in the work from year to year and should not be left to mere chance or to political wire pulling by a small body of men who would corral the offices for their friends. Efforts for the better selection of officers have been made for some years, but no satisfactory method is yet found.

It is suggested that two candidates for president should be nominated by a committee consisting of the seniors, men who have been in the Institute for twenty-five years, the ex-presidents of the Institute and one or two men from each state elected by the state society for that purpose. This plan would seem to be a good one, as it would place the nomination in the hands of a representative body and would take the matter of politics out of the Institute meetings to a large extent. It would likewise block the handshaking candidate who makes his personal canvass and who depends for his support upon men who know him only as a candidate. It would likewise block the efforts of the professional politician because he is known to the nominating committee.

Dr. Joseph P. Cobb is the president-elect. He is member of the faculty of the Hahnemann College of Chicago and is well known to regular attendants upon the American Institute. He will make an able officer.

The following are the officers and chairmen of the American Institute of Homeopathy for the year 1903:

President—Joseph P. Cobb, M. D., Chicago.

First Vice President—H. F. Biggar, M. D., Cleveland, Ohio.

Second Vice President—M. Belle Brown, M. D., New York.

Secretary—Charles Gatchell, M. D., Chicago.

Recording Secretary—J. Richey Horner, M. D., Cleveland, Ohio.

Necrologist—C. A. Weirick, M. D., Chicago.

Censor—Millie J. Chapman, Pittsburg.

Chairmen of Committees—

Organization, Registration and Statistics—T. Franklin Smith, M. D., New York.

International Bureau of Homeopathy—George B. Peck, M. D., Providence, Rhode Island.

Drug Provings—Howard P. Bellows, M. D., Boston.

Publication—George F. Shears, M. D., Chicago.

Medical Examining Boards—H. H. Dexter, M. D., Cleveland.

Transportation—C. E. Sawyer, M. D., Marion, Ohio.

Press—DeWitt G. Wilcox, M. D., Buffalo.

Resolutions—B. F. Bailey, M. D., Lincoln, Nebraska.

Memorial Services—E. B. Hocker, M. D., Hartford, Connecticut.

Proposed Change in Publications and Transactions—Dr. Charles E. Walton.

Chairmen of Bureaus—

Materia Medica—George Royal, M. D., Des Moines, Iowa.

Clinical Medicine and Pathology—John W. Dowling, M. D., New York.

Pedology—Anna Spencer, M. D., Batavia, Illinois.

Homeopathics—T. Y. Kinne, M. D., Paterson New Jersey.

LONG BEACH, WASHINGTON.

How often an outing is enjoyed more in the anticipation than in the realization! Not so, in our case. Ever since we left Denver for Long Beach over the Union Pacific and Oregon Short Line railroads, on the morning of June 11th, we have found something interesting and entertaining each day. We left the train at The Dalles and took a steamer down the Columbia river to Portland, a distance of 110 miles. The entire river is one grand panorama of beauty. The mountains are

covered with forests to the water's edge in many places, while at the same time Mount Hood, "rock ribbed and ancient as the sun," stands forth outlined upon the sky as a perfect pyramid, covered with perpetual snow, could be seen from various points. From the steamer we had a fine view of Multnomah falls, 820 feet high, and several others scarcely less beautiful. After a most delightful ride Portland was reached just at twilight. This day on the river was a welcome change from the heat of the interior. We were glad to don our overcoats and content to remain for a time beside the steam radiator in the cabin of the boat. Portland is a busy western city, the thing that attracted our attention most was the fresh, rosy complexion of the people. Our Denver ladies would be wise to spend a few seasons in this vicinity and thus secure this much-desired addition to their already many charms. The roses in the cheeks of the Portland ladies were only excelled by those blooming everywhere in the gardens. These were remarkable for their size and beauty.

After one day in this city we took a boat for Long Beach, Washington. Here we have the air of mountain and sea in one. The effect upon we "eastern" folks is very soothing. We are content to sit and dream and dream. Everything here goes with the tide and we never do anything on this tide that we can do on the next. Even the time of running the train that will take you the entire length of the peninsula, is controlled by the tide. This is an ideal place to rest and recuperate after a time spent in the high altitudes of Colorado. Here we do not find the damp, enervating atmosphere of the Atlantic coast. While it is cool and comfortable the air has a soothing effect, but not enervating; there are no flies or mosquitoes, hence malaria is unknown. The bathing is unsurpassed. The beach is clean and hard and slopes so gradually toward the ocean that bathing on the flood tide is absolutely safe.

During our stay at Long Beach we have made our headquarters at The Breakers. Just here we wish to say something of this delightful hostelry. This is a new, commodious and elegant hotel, built by J. M. Arthur of Portland, Oregon, and conducted by Irvine and Arthur. It is the largest and best equipped seaside resort hotel in the Northwest—electric

lights, hot and cold salt water baths, golf, tennis, bowling, billiards, pool, ping pong, boating and fishing and everything for the pleasure of the guests. There is a spacious dining room overlooking the ocean and the board is unexcelled. We cannot recall any place where rates are so reasonable, when you consider the service; fish, oysters, clams and all the fruits in their season. One could spend the season here, which includes the months of July and August, in a very delightful manner at a moderate cost. On the days when one feels inclined to go sight-seeing or fishing there are many interesting places to visit. One morning we drove ten miles north to see the drill of the life saving crew. We drove the entire twenty miles on the beach, the sand being so hard that the wheels made no impression. There are two of these life saving stations within riding distance of The Breakers. Then there is the drive to Fort Canby and North Head light houses, which are within three miles of each other. The drive from one light house to the other is over a plank road through a forest of immense spruce and hemlock trees. The undergrowth is a veritable jungle of berry bushes and ferns, the latter in many places are twelve feet high and the berry bushes so large it is necessary, in many instances to use ladders to gather the berries. Here are to be found blackberries, huckleberries, thimbleberries, salmonberries and several other varieties peculiar to this locality.

Through the kindness of Mr. Irvine, a thorough sportsman and gentleman, we were invited to go fishing up the Nacel river. This we reached by a ride upon Captain Irvine's gasoline launch over Shoal Water bay, up the river about thirty miles, as far as navigable. Shoal Water bay contains the finest oyster beds on the coast and little neck clams may be had for the digging. We were early in the season for salmon trout, but made a good catch of native mountain beauties in the fresh waters of the Nacel. As you wind along the banks of this stream you pass within the shadow of immense spruce and pine trees with moss hanging from their boughs; this, together with a thick undergrowth, reminds one of a tropical forest. The scenery and ride on the Nacel is only surpassed

by that on the incomparable Columbia, the former a baby, the latter a giant.

Last, but not least, we have been very much interested in the different methods used for catching salmon in the Columbia river. Above tide water a trap-like wheel is used which works on the principle of a water wheel. Down near the mouth of the river, just where we crossed over to Ilwaco and Long Beach, are to be seen the stationary traps and the fishing with gill nets. Hnudreds of little boats drifting with the nets are to be seen hovering around just inside the bar at the mouth of the river. We wonder that a single salmon could ever make its way through this maize of nets. Since the majority of these fishermen prize their nets more highly than they do their lives, they cling to them in spite of the fact sometimes the tide takes them near the dangerous point of the bar.

A man from the life saving crew is stationed on the highest point of Fort Canby, overlooking the mouth of the Columbia and far out over the ocean. As soon as he sees one of these little craft in danger, he fires a small cannon, a signal that help is needed. Immediately the life boat is launched and its gallant crew is off to the rescue. In this way many lives are saved during the fishing season. Uncle Sam does not have the life saving crew stationed here to watch over the salmon fishermen. Their especial duty is to give assistance to any ship that may be in distress for any reason in passing within range of their vision; however, because of their vigilance and care, the fishermen take many desperate chances, knowing there is a man with his glass watching to give him assistance when needed. These little boats, each occupied by two men, start about six miles up the river, sink their nets and float down to the mouth of the river with the tide. When the tide turns each little boat draws in its net, puts up its sail and starts for home. It is a pretty sight to see this white winged fleet coming back to the starting point. Each fisherman now ties his boat fast, covers it with the sail and lies down for a nap and to wait for the next tide. We shall always be interested now when we see a salmon to know just how the poor fellow met his death, whether by trap, wheel or net. We have spent two very delightful weeks of our trip and will leave

Long Beach on Friday for San Francisco. As old ocean seems to be getting busy, we may be able to tell of the rest of the trip and we may not. . . . We left Astoria at 2 a. m. on the steamship Columbia for San Francisco. We wish to state, on the side, that we were slightly affected the first day out. It was a case of "To Have" but not "To Hold." After finding our "sea legs" the remainder of the trip was a dream. We steamed through the Golden Gate into the greatest land-locked harbor in the world just as the sunset gun was fired from the fort.

The varied scenery of coast and ocean, the well-appointed steamer and the gallant captain (Doran) in command, all combined to make this trip from Portland to San Francisco, a distance of 765 miles, a most enjoyable and a never-to-be-forgotten voyage and one to be repeated at the first opportunity.

We spent several days in sight seeing in San Francisco. While there we were most delightfully entertained by old Denver friends, Mr. and Mrs. F. F. Sayre.

Our trip home over the Southern Pacific was through the great and beautiful Sacramento valley. From the car windows could be seen vast wheat fields and orchards "upon a thousand hills." Ere we are aware, we have passed from this wonderful fruit district to the summit of the beautiful Sierras; from thence to Ogden, via Cheyenne, we reach Denver after one of the most enjoyable months we have ever experienced.

J. WYLIE ANDERSON.

MUST HAVE BEEN PAREGORIC.

New York World: "The search of the Democrats after an issue in the Philippines," said Representative Olmsted of Pennsylvania, "reminds me of a client of mine, the necessities of whose large family, recently augmented by twins, made him poor. He came to me joyfully one day and said he had found oil flowing from a spring on his land.

"The bottle containing the sample which he brought me had evidently seen family use, but I forwarded it to an expert for analysis. The reply dashed to the earth the hopes of my client and myself. The expert said:

" 'Find no trace of oil. Think your friend has struck paregoric.' "

MATERIA MEDICA.

CONDUCTED BY EDWIN J. CLARK, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, DENVER HOMEOPATHIC COLEGE.

Melilotus acts on the capillaries and arterioles, dilating them and causing congestion very much after the same manner as Amyl nitrate. In the Amyl the blood surges to the head, the face flushes, the eyes become staring, respiration is difficult and the brain is full, suffused and throbbing. This is followed by a more or less recession of the blood wave, producing an alternate flushing and paling of the face. Its action is rapid and evanescent.

The action of Melilotus is longer continued, is deeper and more powerful. The blood surges into the head until the face is purple, the head feels as if it contained all the blood of the organism. The violent congestion, throbbing and fullness almost drive him crazy. On going into the open air the fullness is no so oppressive, though no marked relief is secured until epistaxis empties the surcharged blood vessels. Bell. has markedly congestion, but the condition is made worse by motion, light, etc., and epistaxis does not relieve. Glon. spends its fury more within the brain than in the external parts of the head. Its fullness is not of a stagnant character, for it seems as if with every pulsation of the heart the blood wave filled the blood vessels of the brain to the point of bursting, producing an intense pulsating trip-hammer beat, synchronous with the pulse.

Sometimes the headache of Mel. is of a dull and heavy congestive character and then, like Gel., it is relieved by a profuse watery flow of urine or menstrual blood. Its time for aggravation is 4 p. m.

Raue mentions its use for congestive headache relieved by bleeding of the nose; in eclampsia infantum, during detention with great congestion to the head; and under epistaxis, "is said to stop nosebleed immediately."

It has proven of value in neuralgic pains in the limbs, especially when accompanied by the congestion. It produces

a stiff and sore condition much like Rhus. It is relieved by careful motion. It has cured epilepsy resulting from a blow upon the head. Puerperal and infantile convulsions have ceased under its magic influence. I say magic, for in a low potency it shows a characteristic rapidity and instantaneity of action that is surprising to those not accustomed to the rapid action of high potencies.

Ozanam reports a case of typhoid in the febris nervosa stupida condition. For fifteen days deaf and dumb, recognizing no one, immovable, nearly without pulse, involuntary colliquative diarrhoea mixed with blood. Mel. first trituration was dissolved in water and five minutes from the first spoonful the child raised its head easily, recognized its father but could not call him. Hearing and speaking gradually returned, the child having to learn again how to talk.

It has also been used with benefit in various conditions of the mind as relapsing mania, religious melancholia and hypochondriasis. It shows an inability to fix the mind, a stupidity and indifference. Patient omits words and letters in writing. Talks incoherently, unable to express himself clearly, "words trip each other up." They are unable to study, memory will not retain anything. Brain seems so full that there is hardly room for a thought.

Bowen gives as prominent symptoms of his proving "violent congestion of the head, frequent and profuse bleeding at the nose, dry cough, palpitation of the heart, extreme nervousness, irritability, forgetfulness, confusion of thought and relaxation of the bowels."

Allen's Handbook omits entirely any symptoms of bowel relaxation, placing constipation as the bowel condition of this remedy. Faeces accumulating until nature can no longer retain them and are then expelled, at first difficult and painful, each succeeding stool less painful until normal stool is secured and then again occurs a period of accumulation. The stool is accompanied by stringy, glairy, milky-white mucus. The cough is of a dry character and is accompanied by fullness of the chest. Feels as if smothering, could not get air enough. Epistaxis when occurring usually relieves the chest symptoms.

Hemoptysis of bright red blood may occur. Dr. Strickler reports a case of a terrible left-sided headache, increasing until epistaxis would bring relief. Mel. produced a quick and marked abatement of the headache without any return.

E. J. C.

O SEPIA, THY NAME IS WOMAN.

(CHARLES H. HUBBARD, M. D.)

Woman is written in her delicate, refined, hypersentitive organism; in her sad, tearful, irritable, contradictory moods; in her peevish and unwarranted fits of anger; in her restless, anxious, dissatisfied deportment. And especially in the disturbances peculiar to the female do we find sepia succus proclaiming her womanhood. If other evidence were needed to establish her sex, one has but to recognize that element of superiority in which she stands pre-eminently above man, the ability to scold and to heartily enjoy it.

Though a woman, she is not a Venus; neither has she the God-like qualities of a Dorcas; and she is painfully deficient in those voluptuous and captivating characteristics that gave Cleopatra her power and her irresistible fascination. Notwithstanding these facts—conditions bequeathed her by her progenitors—Sepia reigns like a royal polychrest, proudly supreme in her own bailiwick. In her veins flows the dusky pigment of her ancestors. The blood of the cuttle-fish cannot be ignored.

When the physician is summoned to attend this lineal descendant of the "ink bag" family, and smilingly approaches the couch upon which the patient languidly reclines, he sees a dark-haired, delicate, erethistic individual, usually of the feminine gender. When of the male sex his general characteristics are as essentially female as it is possible for them to be. The doctors olfactory sense need not be highly developed to detect an offensive odor emanating from his patient. The slight exertion she makes to be civil causes hot flushes to tint a

cheek of qeustionable attractiveness. Her flesh is usually puffy and flabby, though an anemic or jaundiced appearance is not uncommon.

Whenever Sepia seems homeopathic to a given case, the degree of its success will largely depend upon its similarity to the general picture of the drug. And failure to secure expected results is not infrequently due to a non-realization of this vital fact. While this may be true of all our remedies, it is specially so of Sepia. She is so jealous of her rights, pardonably so, she cannot work well hitched to or with another. What she does must be done alone and in her own way. Associated with another she becomes a nonentity, or a disturber. Alone, free and undefiled, she stands a beacon light on the tempest-washed shore of suffering humanity.—Condensed from June Eye, Ear and Throat Journal.

Silcea will not do damage in a case of advanced phthisis if it fits the toxemic symptoms only, but if prior to the formatiton of tubercle, that patient suffered from weekly headaches that spread up the back of the head to the front, and had offensive footsweats, and was sensitive to cold, damp weather, and these have not been present for many years, and his chest is now flat and his expansion very small, and signs of extensive suppuration present, Silic. will prove a most dangerous remedy.

Have we come to the place that we are ready to cast aside the sayings of the masters, who have told us that Silic. will cause suppuration round about and therefore cause to be expelled any and all foreign substances from the tissue? In the name of common sense what are the lung tubercles but foreign bodies? And when the lung structures have become, as it were, replaced by these invasions, what can be expected but the most violent pneumonia, a futile effort on the part of nature to expel the intruder? Do we not know very well that Silic. will not cause suppuration about a foreign body unless it is in homeopathic agreement with the patient, i. e., similar to all his symptoms? Should we not also confess that if it can be given on mental symptoms and does not remove a foreign body that those mental symptoms were not the true constitutional mental symptoms of that patient, for if they were it would have acted constitutionally, and when so acting it does cause suppuration about foreign bodies.—Kent.

SOME DRUGS FOR HEMORRHAGE.

Aconite—A remedy par excellence when the patient presents the following conditions: Great mental anguish and physical restlessness, great thirst for large quantities of cold water, skin hot and dry, pulse rapid and full, temperature elevated, flow of bright red blood. This condition continuing, the surface of the body becomes cool and is covered with cool, clammy sweat; the pulse grows feeble, and if relief is not soon at hand the patient will succumb. This is the very picture of the collapse attendant upon intra-abdominal hemorrhage.

Millefolium—Is to be compared with Aconite. The blood is bright red, but is unaccompanied by fever, anxiety or pain.

Cactus Grandiflorus—Also lacks the fever and anxiety. It has hæmoptysis with great throbbing of the heart.

Ledum—Also has hæmoptysis. The blood is bright red and foamy. The Ledum patient is either a drunkard or a person of rheumatic tendency. The rheumatism attacks the ankles first, and travels upward. The affected parts are not red and hot, as you would expect to find them, but are white and cold. The pains are sticking, tearing and shifting, and worse at night in the warmth of the bed. They are relieved by cold applications.

Ipecac—The blood is bright red. In hæmoptysis there is a sensation of bubbling in the chest before the hemorrhage with expectoration of frothy mucus. All hemorrhages of Ipecac are associated with persistent nausea usually with a clean tongue.

Belladonna—Bright red blood which coagulates rapidly, and feels hot to the parts over which it flows. If from the uterus, there is a sense of weight and bearing down in the pelvis from the arterial congestion. This hyperæmia is further evidenced by the throbbing carotids, and the bright redness of the skin. The latter is dry except on covered parts. There is little if any thirst. Emesis is a very constant accompaniment of the Belladonna conditions and is a symptom which is too seldom thought of in connection with this drug. There is dryness and sense of constriction of the throat due to a suppression of the normal secretions, rendering efforts at deglu-

tition painful. We might expect to find the eyes bright and lustrous and the pupils dilated.

Hamamelis—Has a passive venous hemorrhage, especially when the blood comes from a varicose ulcer, or ruptured varicose vein, with a feeling of great soreness of the parts. This remedy has been called the "Aconite of the veins."

Bovista—Produces a relaxation of the capillaries with tendencies to easy hemorrhage. It affects especially the nose and uterus. There will be epistaxis with vertigo, or a few drops of blood may be expelled into the handkerchief in the morning. The flow from the uterus occurs from any little overexertion between the menstrual periods. It is due to a passive congestion of the uterus. The flow has the peculiar characteristic of occurring only at night or early in the morning. The blood is dark and clotted.

Ustilago—Has a hemorrhage from the uterus due to passive congestion. The blood is bright red, partly fluid and partly clotted, and occurs from slight causes, as from digital examinations.

Sabina—Is useful when the flow from the uterus is bright red and clotted, and worse from any motion. There is associated pain extending through from the pubes to the sacrum, and down the thighs, also bruised sensation down the anterior surface of the thighs.

Erigeron—Has a similar hemorrhage, but is associated with irritation of the bladder and rectum.

Cinnamomum—Has profuse flow from the uterus from a strain or misstep, and frequent epistaxis. Hemophilia.

Geranium Maculatum—Is a valuable styptic, especially for epistaxis. We have heard of its use homeopathically, but have seen no account of the indications for it.—W. Frank Fowler, '02, in Chironian.

Nearly all our colleges now have the Organon as a text book; few, if any, had it a decade ago. But putting it in the catalogue and teaching its principles from the rostrum or illustrating them in the clinic and hospital, are two different things. No man can properly teach the Organon who does not practice what he preaches.—H. C. Allen.

THEORY AND PRACTICE.

CONDUCTED BY DR. W. A. BURR OF THE DENVER HOMEOPATHIC COLLEGE

Statistics make good material out of which to manufacture lies. Nevertheless, it is upon statistics that we must rely for the truth. It is not that statistics lie, however, but statistics in the hands of the liar can be made to say almost anything.

There is a hospital in Vienna where the homeopaths and allopaths are practicing side by side. This gives a chance to see which system saves the most lives. It is in this Vienna hospital that the following statistics are recorded, for the truth of which Dr. Routh of London and Dr. Wilde of Dublin are responsible.

In the treatment of pneumonia the homeopaths lost only five per cent. of their patients, while the allopaths or the regular school lost twenty-four per cent. In the treatment of pleurisy the homeopaths lost only three per cent. of their patients, while the regulars lost thirteen per cent. In the treatment of peritonitis the homeopaths lost four per cent. and the regulars thirteen per cent. of their patients. In the treatment of dysentery the homeopaths lost three per cent. while the regulars lost twenty-two per cent.

Surely, if these statistics are correct (and we see no reason to doubt it), this is a grand triumph for the homeopaths.

The authorities of this institution should lose no time in getting rid of every regular practitioner and turn the whole hospital over to the homeopaths. In the light of these statistics, if they do not do so, they will be guilty of manslaughter, and ought to be prosecuted for willful neglect of patients entrusted to their care.—Exchange.

The above is taken from the June number of the Clinical Reporter. Notwithstanding all that has been said about the unreliability of statistics on medical subjects, there is no reason why properly compiled statistics may not be reliable. The above is not printed by a homeopathic journal, but by a non-

medical publication, and as the results tally closely with those compiled by Peck, Strickler and others they are presumably correct. Genuine physicians of all schools of practice aim to secure the best possible results at the bedside. We would commend to them the careful study of standard works on homeopathic therapeutics. B.

SANITARY RULES FOR BARBER SHOPS.

The health board of San Francisco has taken an important and commendable step toward the sanitary regulation of barber shops. The rules formulated by the board and given herewith, have been submitted to the supervisors with the view to their adoption as an ordinance. This action, it is believed, will receive the endorsement of the state barbers' examiners. All barber shops should be required to observe the rules of aseptic cleanliness as a public safeguard. It is remarkable that so few of the many thousands who patronize these places of business become infected. Epidemics of barbers' itch, however, are more frequent than they should be, and, no doubt, other contagious diseases are disseminated through the disregard of sanitary measures by barbers. The rules referred to above are:

Mugs and shaving brushes shall be sterilized by immersion in boiling water after separate use thereof.

Razors should be wiped with alcohol both before and after they have been used.

Hair brushes known as "sanitary brushes" must be used after first being sterilized.

Razor strops must be kept clean and never wiped off with the hand or blown upon with the breath.

A separate clean towel shall be used for each person.

Barbers shall not blow away with breath any hairs after cutting, but use a towel or bulb or hair brush.

Barbers shall keep their finger nails short cut and clean; alum or other material used to stop the flow of blood shall be so used only in powder form and applied on a towel.

The use of powder-puff, finger-bowls and sponges is prohibited.

No person shall be allowed to use a barber shop as a dormitory.

All barbers' instruments must be disinfected after using.

These rules shall be placed in a conspicuous place in the shops.—Minneapolis Homeopathic Magazine.

TEREBINTH IN NEPHRITIS.

An intelligent mother who had acquired some knowledge of homeopathic remedies, attempted to carry her daughter, a girl nine years old, through what she supposed to be a case of measles. Three days after the subsidence of the eruption, and about the twelfth day of the disease, the patient was suddenly taken with a severe hemorrhage from the nose, losing fully a quart of blood.

Summoned in haste, and arriving at the bedside soon after the hemorrhage had been stayed with cold applications, I found the patient cold and very much prostrated. An examination showed the case to have been one of scarlatina. The epidermis was peeling off a little around the finger nails, the face and limbs were bloated and the urine, from the report of the mother, was at least double the normal amount. Apis 3x and belladonna 3x were prescribed and the patient ordered to be kept warm and quiet in bed.

An inspection of the urine next day showed it to be very smoky in appearance and terebinth 3x was substituted in place of the prescription made the day before. Put upon this remedy she rapidly improved and in a week was very nearly well.

A peculiarity of this case was that she greatly liked the taste of the terebinth, which has a marked turpentine flavor in the third decimal and is absolutely distasteful to patients.

The homeopathic physician often finds the patient liking the taste of the remedy, which is the true similimum, though in a state of health the same remedy is repulsive to the taste.

Is it because the similar remedy is nature's true remedy and the patient likes it because it is so completely en rapport with the case that it at once produces a soothing and healing effect?

B.

A HIGH DEATH RATE.

Cholera is raging in Manila and the provinces. Notwithstanding the stringent regulations of the health authorities, up to June 22nd there had been in Manila 1,530 cases and 1,236 deaths, a mortality rate of eighty per cent; in the provinces, 7,369 cases and 5,440 deaths, a mortality rate of seventy-four per cent.

This is a very high death rate, even with the poor sanitary conditions unavoidably prevailing there. In the great epidemic in Russia in 1830-31 in two recorded cases, according to Peck, the death rate was 49.69 and 69.8 per cent. respectively, while under homeopathic tretment it ws only 8.48 and 21.1 per cent. respectively.

In the epidemic which swept over England in 1854 the death rate in London under the old school was 59.2; under homeopathic treatment, 16.4.

In the epidemic of 1873 in the United States the death rate was fifty-two per cent. under allopathic treatment and less than half that under homeopathic treatment, according to Peck. In all these cases the death rate was much less than it is in the present epidemic in the Philippine islands.

In Havana the sanitary conditions were so improved under military supervision during the Spanish-American war as to nearly stamp out the yellow fever and to very greatly lessen the general mortality rate. Why cannot the same be done, at least in large measure, in Manila?

The government should introduce homeopathy in those islands. With such remedies as camphor, veratrum and cuprum, with physicians who understand their use, in connection with such sanitary measures as may be introduced, there surely would not be this very high mortality rate. B.

THE CRITIQUE.

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EDITORIAL COMMENT.

SHALL THE HOMEOPATH AFFILIATE?

If ever the allopathic millenium should occur, and by that we mean the binding hand and foot of the homeopathic satan and the consequent triumph of "old school" holiness throughout the world, we wonder if the "dominant" school would exert itself in making it any more comfortable for its former enemy than it has shown a disposition to do in the past?

We wonder, too, that if a union of the heretofore lion and lamb elements in medicine could be brought about upon any other basis besides that characterized by the complete absorption of the lamb, whether the "regulars" would be willing to divide control of the many public institutions now in their possession with the aforesaid lambs upon a basis of cures effected and an honest comparison of the cost of operation by each?

Whether they would exert their influence in making it possible for a homeopath to break into the army or navy by any less heroic efforts on their part than the summoning to their aid the services of a jimmy and a stick of giant powder; and, also, whether they would freely acknowledge the ability of homeopaths to properly conduct an examination for life insurance? There are a whole lot of things which the dominant school would have to make exceedingly plain to the rank and file of the Homeopathic faith before they would be willing

to do much in the way of "affiliating," notwithstanding the fact that there are quite a few who would be happy to extend the glad hand regardless of results. If there are any "affiliators" in this western country we would respectfully direct their attention to the following editorial from The Clinique, June 15, 1902:

"We have just read in that champion of homeopathy—The Hahnemannian Monthly—a very timely editorial in reference to recent discrimination against homeopaths. This breach of politeness occurred in the medical department of the University of Pennsylvania. It appears that a graduate of Hahnemann Medical College of Philadelphia applied to the aforesaid college for terms relative to the post-graduate work in that university. The answer was in these words: "The post-graduate course, which is to begin in May, is designed for graduates of the regular school of medicine." It is to be interpreted that this was a gentle hint that homeopathy was not regular, and a decided inference that our graduates of medicine were not to be allowed to pursue any study in a university for the general educatoin of mankind. We could possibly excuse such blind sectarianism as this had it existed 100 years ago, but in the light of the present age of justice and tolerance it seems almost incredible. And yet it shows the animus which underlies the best appearances of brotherly love. It is an evidence of the strongest kind that our existence must rest upon our own individuality as a school for some time to come.

We have watched the signs of evolution which have been tending toward the union of all that is good in medicine; we have even felt that the time was approaching when the survival of all that was best should be utilized for the sake of suffering mankind without any reference to school or ethics. Some of us have also believed that the time was ripe to accept the good offices of the old school to the end that we should work in harmony to save the sick. Such experiences as this, however, convince us that the party of the first part has no intention of any other result than the absolute obliteration of the homeopath until he renounces the creed of his practice. True it is that this intention does not apply to all medical men, but the powers that control have apparently no other

aim than the complete annihilation of the followers of Hahnemann.

It would be natural to expect, as men grow older and gain the fruits of knowledge, that they would respect and accept the truths of actual practice; it would seem that the results of homeopathy ought to stand for something; so long as we may have, as a majority, accepted all that pertains to the adjuvant practice of medicine, and so long as we have manifested the proper aim for higher medical education the respect which we deserve should be politely rendered. It is manifest that this broad spirit does not at all times exist, and, although we have demonstrated our ability to cure, in accordance with our theory of practice, we are still relegated to the background by the so-called regulars.

This spirit of intolerance should be an incentive for us to defend ourselves against the improper aggression which seeks our overthrow. It is well for the dominant school to hold out the olive branch of peace, but we should recognize the objective point which only means a respite for the lamb inside of the lion. If the aim is to dethrone us and to ignore the principle of practice which has made us powerful, we may as well pursue the policy of our splendid isolation for some time yet. We have existed and grown strong despite the rankest kind of opposition; we may continue to exist by ourselves; our patrons are the intelligent class and they still pay the taxes; we can yet arouse them to our defense; we certainly can thrive by the merit of our work. More than this, we have a right to exist, to practice and to receive our due; let this thought develop our courage.

It is our desire to dwell in harmony with all who seek to dethrone disease; we are only too anxious to do our part, to accept the achievements of science and to conduct ourselves in accordance with the best precepts of the present day; we do not, however, intend to tolerate the prejudice of bigotry nor do we propose to give up our rights of belief or practice. This notice is emphatic and irrevocable.

It may be well for some of those within our school to ponder a little over this question. We have heard suggestions of all kinds relative to affiliation and the dropping of our dis-

tinctive name. These are matters of slight significance so long as our personality and our principles are not at stake. When, however, this project strikes at the root of our manhood and our professional entity, it is time to call a halt. We have accomplished what we have through the might of our right; we shall not surrender this birthright for the price of flattery or applause. Our only aim is to perform a good work; we believe in our principle—which is a broad one—because it rests upon a uniform law. When that law shall receive just recognition it will be time enough to consider the question of affiliation.

We ask our readers to think well on this subject. If the dominant power gains the influence of those high in our councils, it is time to let it feel the force of the mighty phalanx of practitioners who have made or school what it is. We shall not surrender with dishonor. Time may efface the difference in our profession, but principle must survive. We have recently placed in our national capital a monument to the founder of our school; let us not put a fold of crape on the form of that master. At all times and under all circumstances let us fight the good fight and hold to all that is good."

HOW TO BECOME WEALTHY.

In a New Hampshire city there dwells an octogenarian physician who, in addition to his wide medical skill, is known far and wide as a composer of blunt philosophy. The other day a young man of his acquaintance called at the office.

"I have not come for pills this time, doctor," said the visitor, "but for advice. You have lived many years in this world of toil and trouble, and have had much experience. I am young, and I want you to tell me how to get rich."

The aged practitioner looked through his glasses at the young man, and in a deliberate tone said:

"Yes, I can tell you. You are young, and can accomplish your objects if you will. Your plan is this: First, be industrious and economical. Save as much as possible, and spend as little. Pile up the dollars and put them at interest. If you follow out these instructions, by the time you reach my age you will be as rich as Croesus—and as mean as h—l."—Pacific Coast Journal of Homeopathy.

PROFESSOR HELMUTH'S LAST POEM.

The following poem was to have been delivered by Dr. Helmuth at the banquet given in honor of Dr. Selden H. Talcott, May 14th, on the presenting of the loving cup. Being detained by illness, which in a few hours resulted in death, the poem was read by Dr. George W. Roberts:

Look at my hair and see it silver gray,
Look at my eyes, behold the dangling glasses,
Look at my ears, you know full well that they
Are not acute to every sound that passes.

You knew me when these same old locks were brown,
With ears responsive, and eyes quick to see,
I recollect when you came up to town
With letters introductory to me.

A stripling then from dear old Munger's care,
Burning with the Aesculapian flame,
With slender body and with flowing hair,
Up to your Alma Mater's courts you came.

Do you remember then that I was teaching
The new suspension for a fractured thigh?
The old straight splint of Physic was impeaching
When you besought me Munger's splint to try.

Take down the worn old volume from the shelves,
Turn you to page five hundred ninety-five.
Ah! mem'ry then will tell us of ourselves,
Both you and I—Thank God we are alive.

As retrospection stealeth o'er the years
To touch the men who lectured then to you,
Our hearts grow sad—our eyes o'erflow with tears,
So many gone—the remnant still so few.

But I must play you Ganymede to-night,
And give this cup all filled with ruby wine
In friendship's name from those who with delight
Have watched your progress since you fell in line.

Take it, old man, with all the love it offers,
Take it and keep it for it tells a story.
Take it, 'tis better than o'erflowing coffers,
Take it resplendent with true friendship's glory.

—Medical Century (June).

Since the above was put in type we have learned of the death of Dr. Selden H. Talcott also. Verily the ranks of the "old guard" are fast being decimated.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Drs. Giles F. Roosevelt, Guy S. Vinyard and a party of congenal spirits (friends) are sojourning in the mountains these hot days.

Dr. E. H. King, accompanied by his estimable wife, is taking his annual vacation at the headwaters of Bear creek, above Morrison.

Dr. C. E. Fisher of Chicago contributes a very interesting article upon "Which Shoulder Should Be Delivered First" in this issue of The Critique.

Dr. Clinton E. Thompson, after a residence of several months in the East, has returned to Denver and opened offices corner of Champa and Fifteenth.

Dr. and Mrs. J. Wylie Anderson returned to Denver the fore part of this month, having enjoyed their trip to the Pacific coast immensely.

Dr. C. E. Nelson of Phillipsburg, Kansas, was a welcome visitor at The Critique office one day last month. Dr. Nelson is the county health officer of Phillips county.

Dr. A. H. Moore, a graduate of Hahnemann of Philadelphia, class of 1902, and a former Denverite, is visiting Denver friends and also looking over the state for a location.

Dr. Sollis Oscar Pitts has been elected superintendent of the Homeopathic hospital, vice Dr. N. A. Creamer, resigned. Dr. Pitts is also the house physician. Success to him.

Dr. Clinton Enos returned June 27th from a two months' trip and attendance at the Chicago Polyclinic. Dr. A. F. Swan has had charge of the health of Brighton during Dr. Enos' absence.

The Colorado State Society meets at Pueblo on September 17th and 18th, during the state fair. Reduced rates on all railroads. Programs will be distributed before our next issue appears.

We understand that Dr. A. H. Swan contemplates locating at Loveland. Should he conclude to do so the people of that thriving city will find in him a thorough homeopath and gentleman. We wish him success.

Speaking of journals reminds one that The Critique, in its new dress, is a handsome specimen of the magazine creation, at the same time its contents are just what a busy physician needs—practical hints in every day work.—Medical Visitor.

Miss Isabelle Dye, principal of the training school and head nurse at the Homeopathic hospital, is making new friends for herself and the institution daily. We are pleased to say that under her efficient guideance matters are progressing very smoothly.

The Bolles Institute of Osteopathy graduated a good sized class Friday evening, June 29th, at which time an interesting musical program was given, the event occurring at the First Congregational church, this city.

Dr. E. B. Nash, Cortland, New York, author of "Leaders in Homeopathic Therapeutics," "Leaders in Typhoid" and "Regional Leaders," three genuinely homeopathic books, has been appointed professor of materia medica in the New York Homeopathic Medical College. A good appointment.—Homeopathic Recorder.

Dr. Estelle Lewis, quite well known in this city, was seriously injured in a railroad wreck at Culber's Siding, in Ute Pass, on the Colorado Midland, Sunday, June 30th. She is a popular young lady residing at Cripple Creek and enjoyed a large dentistry practice in that city up to the time of her injury.

In a brief note to this office, dated at The Breakers, North Beach, Washington, June 24th, Dr. Smythe reports Dr. and Mrs. Anderson and himself as being well and having a good time. Among other things he says: "North, or rtaher Long Beach, is the finest in the country. No doubt about it. This is a great country for mountain people who may need relaxation, as there is no such thing as 'the strenuous life' here."

Dr. N. A. Creamer, who has been superintendent of the Homeopathic hospital for the past year, has resigned and is now looking for a suitable location in which to practice his profession. Dr. Creamer proved himself capable in the position he has just relinquished, and with whatever community he decides to cast his lot we feel assured its citizens will readily realize that a good, clean homeopath has located among them.

Dr. George William Compton, one of the most popular members of the class of '98, and at present a popular and prosperous practitioner located at Ophir, Colorado, paid his respects to this office the 13th of last month. Dr. Compton is pleasantly located, and has built up a most excellent business for the simple reason that he is a good homeopath and attends strictly to his profession. He merits all the success he has achieved, and a whole lot more.

Dr. David A. Strickler, who represented the Denver Homeopathic Medical College at the meeting of the A. I. H., held at Cleveland, Ohio, June 17-23, returned home the 25th and reports this occasion to have been the most largely attended of any held in recent years. Every one enjoyed the unlimited hospitality of the Cleveland professional people and her citizens, who contributed so generously, and voted the meeting an unqualified success in every particular. Boston gets the next meeting of the society.

Dr. Samuel S. Fisher, formerly county physician of Phillips county, Kansas, a graduate of Cincinnati College of Physicians and Surgeons, paid this office a pleasant visit on several different occasions last month, being on his way eastward from a two months' sojourn on the Pacific coast. We turned him over to Dean Willard, as the doctor has "leanings" toward a course in homeopathy, and we have hopes that the Dean's well known pursuasive powers will prevail upon him to take a p. g. at the Denver. If he concludes to do so there will be one more good homeopath added to the list next spring.

Owing to the illness of Mrs. Willard, Dr. J. P. Willard, dean of the Denver Homeopathic College, did not attend the A. I. H. meeting at Cleveland last month, as he had fully made plans to do. Dr. Willard, however, has been putting in some pretty good time distributing the very snappy little booklet which the college authorities have issued as an advertisement of the college in particular, and which at the same time says a good word for Denver in a general way. We feel assured that the results of this very energetic piece of business enterprise will be felt later on, in the way of additional patronage to the college.

We are pleased to hear that Dr. Ambrose C. Stewart, who has been afflicted some while with a serious heart trouble, has at last found, we hope, permanent relief. It required the services of a minister of the gospel and the assistance of a very charming young lady, however, to bring about this happy result. Doctor and Mrs. Stewart have been traveling for the past two weeks and by this time, no doubt, are comfortably located in this city. The Critique and their many friends wish them unbounded happiness and prosperity.

Dr. A. H. Wales has decided to leave his practice in Chicago and enter into partnership with his father, Dr. H. W. Wales of Lanark, Illinois.—Medical Visitor.

No doubt this move will give Dr. Henry a partial rest. It would appear that he needs and deserves a surcease from the strenuosity of his labors for nearly forty years. In the late '60s and in the '70s, when the highways around Lanark for about four months of the year were almost impassable, it was a common sight to see Dr. Henry, seated in his coffin-shaped buggy, behind two long-limbed racers galloping over

the country to visit some patient in the "barrens," six or eight miles from Lanark. No night too dark, no roads too bad, no condition of fatigue too great to keep him from the bedside of a sufferer. Hopelessness of monetary reward was no hindrance to professional visits—the poor were just as certain of the best treatment as the rich.

Verily, he hath earned a rest, but it is doubtful whether his hundreds of patients, who, after years of association, have become his personal friends, will allow him to take it is another question.—Hahnemann Advocate.

The "common sight" referred to in the above article still remains among the vivid recollections the associate editor of The Critique retains of those stirring times, inasmuch as just over the hill, to the eastward seven miles, Dr. Mastin, Sr., was doing similar service for the sick and afflicted of his community, which, by the way, also included the "barrens." Dr. Wales was referred to as a "little pill" by Dr. Mastin, who prided himself upon the fact that he was a "regular," and it is almost needless to say that the rivalry between the two was, at times, quite animated. For the last several years of his life, however, Dr. Mastin employed Dr. Wales as his family physician and held him in the highest personal and professional esteem. Here is hoping that Dr. Wales may live many more years to enjoy the fruits of his long term of service, and the friendship of his many friends.

CORRESPONDENCE, COMMENTS, CLUB NOTES AND GENERAL NEWS.

A general and cordial invitation is extended to those who may see fit to do so to contribute to this department of The Critique. It is neither necessary that your name should appear upon our lists as a subscriber, nor will the fact that your opinions differ from those of the editor act as a bar to the publication of your views, so long as they are intended to promote the interests of homeopathy. Be as brief as possible and come often.

According to statistics the number of female physicians throughout the entire world is about 8,000, two-thirds of whom live in America.

The utter inhumanity of the average vaccinator is well illustrated in the case of Miss Clara L. Barton, who was going home in a Pullman sleeper, trying to reach there before she died from consumption. She was taken out by force at Philadelphia; no attention was paid to her protests, compelled to submit to vaccination and then bundled off in a patrol wagon to the police station; from there she was taken to the City hospital and died the next day.—M. M. Science.

The body of an aged negro who died at Battle Creek, Michigan, six months ago, and which was turned over to an undertaker in order that he might test a new embalming fluid, has been exhumed. It has the consistency of vulcanized rubber, and might readily pass for a statue of black marble, as the petrified flesh is hard enough to take a polish. There was not the slightest trace of decomposition or wasting, the features retaining their fullness.—Modern Medical Science.

Diwald (Wiener Klin, Woch.) reports the case of a cadet who shot himself in the forehead, the bullet passing through the skull in two places. He never lost consciousness. Blood escaped from his nose, and the wounds of exit and of entrance permitted the escape of blood and broken bits of brain tissue. Under anæsthesia the wounds were cleansed, sutured and packed with gauze, the skin being almost closed over it. The wounds healed well. Three weeks later paralysis of the right facial nerve was noted, but this quickly disappeared. Six weeks afterward he was perfectly well, though from sixty to eighty grams of brain substance had been lost.

We respectfully call attention to the college authorities, also officers of the state society, to the fact that the introductory lecture and reception of the former are dated to occur on the days set for the meetings of the latter. As both should be well attended it might be a good plan to get together and arrange matters.

We are in receipt of the announcement of the Denver Homeopathic College for the 1902-3 session, and its appearance is certainly a subject for creditable comment. Homeopathic physicians throughout the state should be supplied with a copy, and an effort made by all such to interest some one in becoming a student.

An almost entirely new set of officers were elected at the annual meeting of the board of directors of the Denver Homeopathic College and Hospital Association, held the 14th of last month, at which time the following officers were chosen: President, Hon. Frank C. Goudy; vice president, Rupert O. Butterfield, M. D.; secretary, Harper Leiper; treasurer, Edward H. King. The faculty has been augmented by the addition of several new members; this was done—so the annual announcement tells us—"to meet the growing requirements and to lighten the work of other members so they can give more time to certain parts of their work." The outlook for an unusually prosperous year at the Denver Homeopathic College is very encouraging.

If you know of any personal item which would interest the homeopathic profession of this western country, send it to The Critique.

HOMEOPATHIC CLUB.

Notwithstanding that the night of June 16th was a very warm one the club meeting was well attended and was of more than ordinary interest. Dr. Harris read his paper on "Floating Kidney," which brought out a long and interesting discussion. Dr. Stewart's paper was not read owing to the absence of the writer, but will be brought up again in July or August. The time until a very late hour was taken up in the reporting and discussion of odd and interesting cases. Dr. Harrris reported a case of extra-uterine pregnancy with rupture of the tube, formation of a septic hematocele, and accompanied by collapse. Operation through cul de sac was performed with excellent results. Dr. Jones asked for a diagnosis of a case. The members seemed to feel that it was one of those cases in which time would answer the question. Dr. Burr spoke of a case diagnosed and treated at home for measles which later came into his hands because of a post-scarlatinal nephritis which developed smoky urine of profuse amount, as a characteristic symptom and responded nicely to tereb. Dr. King reported an interesting case of mural abscess following what was treated by another physician as peritonitis. When the case began to show improvement the temperature became sub-normal with a pulse below fifty.

The next meeting occurs on July 21st, and papers will be presented as follows: "Differential Diagnosis of the Exanthemata," O. S. Vinland; "Care of the Nose, Throat and Ear in the Exanthemata," David A. Strickler; "Why the Indicated Remedy Failed," J. W. Mastin.

E. J. C.

HOMEOPATHIC TRAINING SCHOOL.

Plymouth Congregational Church, corner of East Fourteenth avenue and Lafayette street, this city, was the scene of a very delightful entertainment Friday evening, June 6th, to which event the faculty and graduating class of the training school of the Denver Homeopathic College had invited a large number of friends, the occasion commemorating the close of another training school term, and Miss Jennie Dorothy Horton and Miss Carrie Everett Thompson were presented diplomas and badges by President Enos and Dean Willard to signify that they had terminated their connection with the school in the capacity of students. Dr. David A. Strickler delivered the address, which was thoroughly appreciated by all present; Harry B. Martin and the Mendelssohn club furnished some delightful music and there were twenty-four pretty girls in uniform (twelve from St. Luke's and twelve from the county) besides a score of equally charming and as prettily gowned from the homeopathic hospital, to add color and life to the occasion, which will long be remembered. The large audience attested its thorough appreciation of the many good things said and sung by the exhibition of most generous applause, while the new graduates were showered with congratulations and good wishes. Taking it all-in-all this was one of the most delightful occasions of the kind within the history of the school.

M.



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For the treatment of catarrhal inflammation of whatever organ there is nothing that equals Marchand's Hydrozone. It is the most powerful healing agent known.

The G. W. Flavell Company are manufacturers of all kinds of trusses, abdominal supports and elastic goods, and they sell only through the profession. Read their advertisement.

As an up-to-date surgical house the J. Durbin D. & S. Supply Comcompany has no equal in the West. They keep a complete line of physicians' and surgeons' goods at reasonable prices. Goods ordered by mail will receive prompt attention. Read advertisement on page 2.

The Dr. Deimel Linen Mesh Company, manufacture goods of summer as well as winter weight. It is the ideal underwear for all seasons. Literature furnished by writing to address indicated in their advertisement in this issue of The Critique.

In infancy, youth, middle age and in old age, when there is an anemic condition of the system, no matter from what cause, remember that as a builder, reconstructor and general tonic Fellows' Hypophosphites will win for you praise whenever used. This preparation has been upon the market for years and grows in favor with time,

---

Are you posted? Have you compared the various baby foods in actual practice? If not lose no time in doing so, for the benefit of the little ones under your care, and when you have reached a final conclusion we are sure you will agree with us that Mellin's Food surpasses them all, because it nearest resembles the mother's milk, hence will agree with the greatest number.

The Given Sanitorium at Stamford, Connecticut, is noted for its successful methods in the treatment of mental and nervous diseases, also those addicted to the drug habit. At this institution, besides large buildings equipped with every modern convenience, they have established the cottage system. For particulars write to Amos Given, M. D., Stamford, Connecticut.

In anemic, chlorotic girls, whose menses have not been thoroughly established during the great systemic disturbance that is taking place at this time, the pressing need is more and better blood, and it must be speedily supplied or your patient may develop one of many diseased conditions, not the least of which may be consumption. At this critical period when so many girls go into decline you should remember that Bovinine is pure sterilized blood and by its use will quickly supply the needed blood and establish health.

It has been our experience that drugs from some houses are made with various strength at different times, hence it is more or less an experiment every time you use them, for they possess no definite strength. A drug should have a standard of strength, in other words be tested physiologically so that the action is invariably the same; this is called standardization. This way of preparing drugs was introduced by Parke, Davis & Co., and you can be absolutely sure of the same action no matter where you purchase your medicine in the United States if you will specify Parke, Davis & Co.

I have used bromidia in cases of insomnia, restlessness and threatened convulsions with surprising results, finding that a dose of from fifteen drops to one drachm to be sufficient, according to age and how often to be repeated. I have combined bromidia with papine where I wished to annul pain with excessive nervousness, the combination acting very happily also in bladder troubles. I use bromidia and papine very much in my family. CHAS. E. QUETIL, M. D.

Philadelphia, Pa.

Sanmetto in Prostatitis, Enuresis, Catarrh of Bladder.

In prostatitis, enuresis, catarrh of bladder and all diseases of the genito-urinary system, Sanmetto has been indispensable to me.

Bellaire, Ohio. J. T. W. KERNS, M. D.

I have tried the samples of Pepto-Mangan (Gude) in anemic and rachitic children. Among the ferruginous preparations known to me Pepto-Mangan is deserving of the preference, because it is readily taken by patients and does not in the least disturb the stomach. Its effect was very good, so that in future I shall resort to Pepto-Mangan alone in appropriate cases. DR. J. VON FERRONI,

Surgeon-General in the Imperial Army.

Gostling a/D. Ibbs, August 18, 1901.

THE CRITIQUE.

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CHOREA.

BY DR. J. P. WILLARD.

There are varying opinions among pathologists as regards Chorea. A long list of nervous manifestations have been grouped under different headings and placed in this general class, but in this paper we will eliminate the manifestations of extraordinarily perverted nerve action and confine our remarks to that disease of childhood and youth that makes its appearance somewhere between the fourth year and the age of adolescence.

Chorea is an acute functional disease found in young persons and is manifest by irregular and inco-ordinate muscular movements. The patient is not deprived of consciousness, nor the power of voluntary motion, but the direction of the movements is not under the control of the will; he cannot induce a given motion, neither can he direct it. The only time the patient is assured of rest and quiet is when asleep, then the nervousness subsides and the agitated muscles are in repose.

The development of this disorder is usually gradual; one side is affected more than the other; a slight impairment of health may be the first indication of its approach; restlessness, with a peculiar awkwardness of motion; inability to keep still; involuntary movements that lack a purpose and are irregular. It may be first detected in the arms, hands and face by twitching, jerking movements that lack precision; later, there is a peculiar shrugging of the shoulders and restless movements of the body; these are spasmodic and of short duration; their intensity varies greatly, ranging from a slight, scarcely noticeable nervousness to violent spasmodic contractions that may assume the chronic form and require the confinement of the patient for a time.

Dr. Sturges gives the following diagnostic test for the existence of Chorea: "The child is told to hold both hands open, and with arms extended and the palms towards you." If he can do this for a few minutes, steadily, and no false motions, quivering or jerking, and keep both hands quiet, there is no Chorea.

Conditions Predisposing to Chorea—We find statistical research, particularly in this country, indicates that a larger percentage of children of American parentage are afflicted than of other nations. Dr. Dana of New York states that the German, Hebrew and Portuguese are frequently attacked. The full blooded negro is almost exempt, while the mulatto is frequently afflicted. The American Indian, while free from the contamination of a mixed blood, was almost entirely exempt. The Cuban is well nigh free from the disorder. The populous cities furnish a larger percentage of cases than the quieter life of the rural communities.

Dr. Morris Lewis made extensive investigations in Philadelphia relative to the effect of the seasons of the year, and found from an analysis of 717 separate cases that the smallest number occurred in November, more in December, about the same in January and February, the highest in March, less in April, again higher in May, and after that a steady decline till November.

In Colorado the impression prevails that nervous disorders are particularly prevalent, owing to the high altitude and dryness of the climate, hence we might expect a frequent development of Chorea, but Dr. Eskridge states that after years of observation, in his opinion this climate does not predispose to the disease, but he considers it more difficult to cure in this altitude and advises sending chronic cases to lower levels, believing thereby the cure will be more rapid.

Heredity plays a part in the causation of this disorder. The taint of epilepsy, insanity or chorea coming down the ancestral line will impart to the offspring a type of nervousness that will make the subject an easy prey to chronic disturbances when placed under the strain of hard study, overtaxing of the nervous energies and in condition and surroundings inimical to health development. The tendency of heredity is to

produce its kind, and we may expect neuropathic tendencies to send at least a hint of their nature down the line of descent. It seems near the truth to say the nervous temperament is most susceptible to this disorder. The phlegmatic is seldom so afflicted.

Anaemia is believed by many to be a factor predisposing to chorea. Especially is this true of German and English observers. In this country as many deny the statement altogether; among the latter Osler "dissents entirely from this view," but he admits "having seen cases of chorea in chlorotic girls at the age of puberty." It would seem a reasonable conclusion that a patient whose powers of assimilation are impaired, whose nutrition is failing, would suffer at least in part in the nervous function and become a ready prey to the oncoming neuropathic conditions; especially would this be true in the young, whose powers are in a stage of development and having not attained their full maturity. All physicians are not acute observers, but it is scarcely probable that such a large number of the intelligent members of the profession in the common walks of every day medical practice would hold so tenaciously to the belief that anaemia is a potent element predisposing to the development of chorea without coming to this conclusion as a result of careful study and observation of cases coming under their personal care. Hence we are inclined to the opinion that anaemia should have careful consid eration as an ethiological factor in chorea.

Among the causes of chorea we may mention rheumatism, infectious diseases, endocarditis, ocular defects, over study, intestinal parasites and pregnancy.

Of the exciting causes, fright has an especially strong hold upon the laity, and many believe it to be the real cause. This, I think, has been given an exaggerated importance, as children are frightened daily, but few, comparatively, have chorea, but the child that manifests this trouble becomes an object of anxiety to the parents at once, and in casting about for a cause recalls some instance of fright in the near or distant past and at once places the blame there, forgetting or not knowing that the child had been fretful, irritable and nervous for some weeks past, and in fact was well

along in the initial stages of chorea before this fright occurred; simply the unskilled attendant failed to discover it. It only needed the effects of some sudden impression upon the system to develop a rapid aggravation of the already existing trouble.

In considering rheumatism as a cause, I find from a study of such statistics as are at my command that estimates differ materially. Of the percentage of cases of chorea following rheumatism, Tylden places it the highest, or at seventy-two per cent. The British Association for Collecting Statistics places it at twenty-six per cent. In this country Osler gives eighteen per cent. as the correct estimate, while Whipham contends that in two per cent. of the cases chorea preceeds rheumatism. Batten found that eleven per cent. of chroeac cases develop rheumatism in eleven years and twenty per cent. within six years. Endocardial changes are frequently associated with the choreaic state, and many place it in the front rank of causes leading to the development of this disorder. "Fibrinous accretions on the cardiac valves, particles of which are liable to be carried off in the blood current, and the frequency of emboli found in the cerebral arteries, and the capillary embolism found in the motar tract and in the corpus striatum, give color to this theory, also the fact that nearly all deaths from chorea show the presence of endocardial inflammation."

Dr. Wharton Sinkler, speaking of the pathological changes in acute cases, says they are due to nutritive changes in the cortex of the brain, the motor region being more affected than elsewhere. These nutritive changes may be due to mental strain, over study or possibly fright. In some cases it may be the result of blood changes and these changes due to a toxic condition which is not identical with acute rheumatism, but certainly is allied to it.

What the relations are between rheumatism, endocarditis and chorea, it is difficult to determine, but it is probably true that rheumatism predisposes to chorea and organic heart disease has the same tendency. "The pathological relation of rheumatism to chorea is somewhat obscure, save in the cases where emboli are produced by the accompany ing endocarditis."

In consideration of treatment, whether preventive or curative, advice should first be given to the fond parents,

whether it will do good or not is for the future to develop. The modern idea that a child must be pushed forward in its mental growth is a factor in the development of chorea. At the period in a child's life when it should be permitted to grow, it is started to the kindergarten or some private school, to be taught to be graceful and how to behave with ease in good society. I need not tell the members of this club that children are coming from these places of entertainment in a state of the greatest excitement and enthusiasm, so much so that the parents cannot persuade them to forego the same thing the next day, and the next, and so on; over-excitement in the common school is just as pernicious as the same thing in a Sunday school or theater. We all have these children brought to our offices reporting a night of fever, sudden loss of appetite, dark rings around the eyes, utterly prostrated and worn out by the strain of trying to do some little piece of fantastic work better than other members of her school. It is usually the bright ones, whose mental development is already premature, that make up the body of these schools ,and let me say, as a warning to our indulgent parents, that you owe it to the child that God has given you to so guard its life and health that disorder shall not develop in its little being, for while at the beginning these children may be and generally are bright and intelligent beyond their years, yet the effect of choreic development is to dull the intellect and affect the memory. This may not be permanent, but it is a condition very far from desirable. I am aware that I am commenting somewhat adversely on a popular German importation, that is the especial delight of the society woman who prefers to spend her time on the street, or shopping, or at the club, instead of in the home where God and nature intended her greatest interest to be, nevertheless, I believe children should grow up under the loving care of mothers, and have the best possible opportunities for physical growth first, in order that the mental development that follows may not be at the expense of an immature physical being. When this glad day shall come we will have less chorea and kindred nervous disorders.

At the first indication of nervousness or that restless and inordinate movement so suggestive of this disease, the child

should be removed from school, or business, and placed in an atmosphere of rest and entire freedom from all excitement.; the surroundings should be hygienic and sanitary; the mind should be at rest, or only such entertainment as will be pleasing and not exciting.

An excellent plan is to put the patient in bed for a time, possibly not all day, but for a few hours morning and afternoon, and in some cases it will be well to keep them in bed continuously till improvement is well advanced. In some cases it may be necessary to isolate the patient and insist upon continuous rest.

Congenial companionship is necessary; highly neurotic persons may, by their manner of speech or conduct, be the source of intense irritation to a person suffering from nervous disorder, and such incompatibility should be avoided by separation.

It may be necessary in some cases to put the patient under restraint for a time, but of this the physician should be the judge.

The various forms of electricity are used in the treatment of chorea; the static form is rapidly becoming popular in the profession, and may be of great value in these cases.

Patients in general, when under treatment with this form of electricity, improve in flesh and a very decided effect upon the nutritive function is noticed. In this way it may aid materially in the treatment of chorea. Monell says: "It will improve the strength, composure, confidence and spirits of the child, and in this way, if in no other, will be beneficial to the extent of perhaps one-half the value of a radical cure."

King says: "Electricity is most useful in those cases which are accompanied by anaemia, or follow some acute disease, such as rheumatism."

When static electricity is used, it is advised to begin in a very simple way, "using negative insulation and allowing the charge to pass off the body through the hair and other points." Care must be taken to avoid any shock or spark, as this would increase the trouble you desire to remove. This may be followed by the static breeze, to be increased as the patient

seems to stand it. The galvanic current has its advocates. Riggs advises passing a longitudinal current through the head, giving two or three milliamperes for as many minutes. This he uses in connnection with static treatment, following the galvanic with the static application.

Dana advises galvanism, applying the positive pole over the motor area on the side opposite the one affected, and the negative pole in the affected hand, and allowing a mild current to pass for two or three minutes.

Cimcifuga will be most beneficial to left-sided cases, and where rheumatic conditions prevail, and the muscles seem affected with myalgia.

This remedy has a peculiar adaptation to the condition of youth, especially young girls about the time of puberty. If the patient has the rheumatic diathesis, or inherits this tendency, and there are evidences of disturbance of the menstrual function, it will be well to carefully consider this remedy. Headache, as if the top of the head would fly off; neuralgic pains in the scalp, aching at the base of the skull, etc.

Dr. Goodno expresses more confidence in Agaricine than any other single remedy. It is no doubt good for involuntary movements of single muscles, or a dancing motion of the whole body, accompanied by a trembling of the legs and hands. This last symptom will call to your mind Zinc Met., to which it is a well-defined indication. With the Zinc Met. there will be evidences of impaired health with a cachectic condition and bluish look and general fidgitiness. Especially in cases following suppressed eruption will this remedy be of peculiar value.

Causticun has its place, especially where the paralytic symptoms appear. These will be in the smaller muscles and usually located about the face or in the mouth. And where speech is difficult because of the uncertainty of muscular action.

For choreic cramps, whether it be writer's cramp or from other causes, and the limbs are involuntarily moved in a violent manner and the patient has a mute, appealing expression of face, that calls for help, Mag. Phos. may cure your case.

W.

LYMPHAEMIC DISCRESIA IN THE CHILD; ITS PROBABLE ENTAILMENT IN THE ADULT.

BY DR. A. C. STEWART.

Fellow Physicians, Ladies and Gentlemen—The subject of this paper, Lymphaemia, is not an exception to many others in the lack of data painfully necessary to clear up many points established by differing opinions both as to causation and general etiology, but at the same time there are many well-established facts which come forward with all the more force, being rendered conspicuous by their isolation, and these will often guide us out of the wilderness if made the subject of careful observation, especially if the proper interpretation be placed upon the phenomena early in the development of the case, since in lymphaemia the tendency to secondary manifestation in distant organs tends to obscure early evidence and will often deceive the most careful observer. (I use the term lymphaemia to cover the various lenkaemia.)

The concensus of opinion now is that lymphaemia, either of the lymphatic or leukaemic type, is primarily a disease of lymph glands and that this gives rise to the characteristic blood picture and hepatic eccentricities, whilst the spleen and myelogenous (or bone) pathology, is secondary or metastatic I would be glad to have the discussion to-night interrupt in this body a too determined adherence to this view of the matter, since, aside from the malignancy or trauma, primary disease of cystogenous tissue is almost absolutely negatived by the nature of its growth and its function as the one grand systemic sluiceway and the nullifier—antidotal and eliminative—of the masses of chemic and organic intoxicants from intrinsic and extrinsic sources.

Of course we must admit that there is some adenoid degeneration (which nature generally keeps well isolated) following early or late—usually late—the involvement of bone marrow in this (the myelogenous) type, but if we were to accept the theory, for instance, of Rosenfeld, even in the chronic form, that all pre-existing lymphoid tissues are in-

volved (aside from primary conditions) the writer, at least, would subscribe to what he does not believe and what would be contrary to his observation during a good many years in the general practice. This view is too radical, since, if we regard the peritoneum alone with its vast cystogenous mechanism giving rise to rivers of lympth, a study of its lymphoid significance to the visceral organs, singly and combined, and through them the general economy, the results of even its partial involvement, alone, would be so profound as to almost completely suspend nutrition, general metabolism and the elimination of intra-organic toxines, paralyze the ganglionic cycle lying upon its surfaces and cause death early in the disease, and this would be very exceptional with our present knowledge of the dyscrasia.

True lyphaemia gives rise either to an aleukemic prodrome or an exclusive mononuclear lucocytotic phase (those stainable with the acid eosin) of varying severity, with a pronounced decrease of the red bodies, and this at once excites our suspicion of poikenitic disturbance involving the "daughter" cell, erythroblasts, etc., especially since many of the red elements here present their primitive myelogenous nucleii.

This, of course, is especially marked in the myelogenous type, which usually results from uninterrupted progress of the disease, whatever its cause, but it would be nonsense to say that with the rare exception of bone trauma, or pherhaps syphilis, this disease is ever primary here—in bone.

An increased uric acid elimination evidences some disturbance of metabolism, and I believe this may rightly be attributed to an over-production of the zymogen of the ductless glands, since they are directly in line with the cycle of infection, but we should also remember that without the liver and spleen there would be little or no uric acid eliminated, so that the phenomenon referred to is susceptible of more than one interpretation.

As to causation, the following are cited: Lesion of some one of the organs prominently affected, as the spleen, liver, malaria, bone trauma, rachitis, syphilis, chorea, diarrhoea (chronic), scrofulosis, alvine auto-infection (injudicious diet), and I would add here prominently quinine poisoning—mother

or child—and emphasize injudicious diet. The writer does not believe all the ills attributed to lack of general hygiene alone in the causation of even individual cases of this disease are tenable, but to overlook the unfortunate fact that frequently this important factor is actively associated with predisposition or other local factors, were folly.

The worst case I ever saw was exhibited in the child of an inebriate mother.

Scrofula—the struma of primitive medicine—bears n relation to lymphaemia.

The disease is essentially a loss of physico-dynamic balance between the blood and lymph-producing tissues and the gross organs of the body, is progressive, matastatic in nature and entails upon the victim, whether congenitally in childhood or acquired in the adult, a rapid localized or partly general (depending upon its form) rapid multiplication of cystogenous and general lymphoid tissue, both stationary and migrating, and is usually fatal in termination.

I should have said a moment ago, in connection with causation, that the disease, in the writer's opinion, at least, is often disproportionate to causative excitations; that is, under certain conditions apparently slight disturbance in a responsive or non-resistant constitution will start the avalanche that will later crush its victim, and these causes, by their sheer simplicity as functional disturbance of the assimilative apparatus, or mild neuroses at an unfortunate period of gestation, etc., fail to arouse investigative attention.

This, like all other disease processes, advances according to systemic resistance, passing to either the profound degree of bodily distortion (in one case the spleen apparently occupied the whole abdominal cavity) by the involvement of gross structure or to simple but persistent peripheral adenoid hyperplasia.

Now this loss of balance in the lymphaemic state is not greater in the producing tissues than in the tissues produced (as said) the corpuscular elements on the hand, gland tissue on the other; this would naturally be looked for, although the phenomena in the fluids and their corresponding elements is very variable, depending upon extraneous influences. For in-

stance, you will recall in this connection the two phases noticeable in the lucocytes following the injection of leech extract or peptones, and instance the promptness, as well as the character, of the response. Following the presence of these substances deposited in the blood or due to some inflammatory condition ,either surgical or pathological, there is at once a pronounced lucocytopenic phase which is promptly followed by an equally pronounced lucocytotic phase, with this difference: In the exhibition of the peptones the polynuclear variety respond to the change, pure and simple, whilst in the inflammatory condition, chronic or otherwise, the coarsely granular is involved in the lucocytopenic phase (mono), whilst the finely granular respond to the lucocytotic phase, and this would seem to account for the presence of increased fibrin, and hence the tendency to blood clot in inflammations and suppurative processes and setting up a mile stone in the late symptomatology of this and kindred diseases.

Blood will clot very much more readily in the absence of the inhibiting element of the globulin-bearing finely granular lucocyte—the coarsely granular bodies.

In true "scrofulosum"—whilst there is serious objection to the use of this term, as meaningless, in referring to such a large and varying class of disorders as is usually found classed therewith, and further, it is partly the purpose of this feeble effort to consider lymphaemia entirely removed from any very general classification—we rarely, if ever, are permitted to entertain an intelligent diagnostic consideration of the dyscrasia during very early childhood, as in lymphaemia, and also in the lymphaemic state there is no ulcerative or cheesy nodosity (whilst there may be some degeneration of glands-lymphlate) in fact, no direct or even remote evidence of the nodular tubercular deposit anywhere. The writer has never seen a case in early childhood where the condition was even crossed with scrofulosum, which, as such, is a misnomer, and which rightly and properly belongs to the tubercular group or classification.

Lymphoid tissue involvement in the tubercular subject is rapidly destructive, giving place almost at once to tissue change—degeneration and breakdown, with marked katabolism in neighboring lymph and blood-producing structures,

skin ulceration, bone cares, etc., whilst the characteristic changes in the blood and lymph elements, so constant in lymphaemia, are totally lacking.

In true lymphaemia or lymphatic leukemia, there is but slight anemia in the early stages or mild form of the disease, and these terms are practically synonymous; the red cell degeneration is not pronounced, although there is a shortage in the count and there is almost complete absence of foreign cells. Of course what has been said does not apply to the profound pernicious spleno-myelogenous anemic leukemia, in which there is evidence in the circulating blood of a progressive, pernicious anemia of secondary origin wherein red cell degeneration, accompanied by a polymorphus lucocytosis, with foreign cells and lucocytic debris, becomes the diagnostic symptom. I should say, per haps, that this dire condition of things often results as the sequel of the milder forms.

It will at once become apparent to the observer that any systematic complications accompanying this disease will render the diagnosis more difficult, and in some forms of suppurative or localized intoxemia, impossible for a time. Its early history must then be relied upon, with the characteristic blood indications, since such diseases of childhood as are likely to complicate a diagnosis of lymphaemia may by this method of investigation demonstrate their coincidence with, and not a secondary manifestation of, lymphaemia. Watch out for pseudo or transient leukemia, splenic anemia, splenic neoplasm, tubercular gland chance or left hypochondriac involvement, rachitis, etc. As would naturally be supposed, there are nutritive disturbances accompanying this condition in childhood (or the adult) from its incipiency on to cretinism (?), whilst myxedema or true cachexia strumipreva is, in some countries, a complication of this disorder.

There is usually much flabbiness of tissues and often delayed calcification; the bones are not always straight and symmetrical, although we do not have the epiphysial enlargement, the drawn and distorted bones that, due to their softness, are rendered shapeless by muscular contraction, nor the angularity of the skull, as seen in rachitis.

The liver and spleen are usually perceptibly enlarged—

the latter sometimes enormously so—and the deep, lumbar, illiac and mesocolonic glands are always enlarged.

The child is constantly requiring the doctor's care, and hence will frequently suffer drug complications if allopathically treated—summer complaints, with a tendency to prompt chronicity and meningeal metastatic complication, with effusion, infantile eclampsia, laryngismus stridulus and perhaps choreic or inco-ordinate muscular manifestations will be commonly coincident.

The constitution presenting these symptoms, especially if they be well marked, becomes the subject under the natural law governing disease, with the degree of dynamic resistance peculiar to the individual, and which, if not fatal, will be finally followed by a systematic compromise which will at times vary many degrees from the normal mental and physical status, and which can be referred to in no better terms than lack of co-ordination in organic sympathy, as, for instance, the lack of co-ordination between visceral and central nutrition (and this, by the way, must be regarded as pretty nearly a perfect definition for true epilepsy), and this hypothesis may, I think, be regarded as significant by the vast number of adolescents presenting bodily organic disproportion with the various epileptiform equivalents, petit mal, or, rarely, the true grand mal. (The proportion I propose to show in a moment.)

In this connection perhaps I am justified in the assertion, previous to positive knowledge, that in the extremes here suggested the cases presenting the early history of lymphaemia partake more of the distorted or perverted nutritional type in epilepsy (the Sydenham) with less of the structural change often seen in the profound symptomatic form accompanying neuro-glioma, artero-glioma or pyramidal degeneration, as the case may be, but unfortunately the general rule that early epileptic seizure leads to the graver forms later on, both mental and muscular, is applicable here, passing to mania, often homicidal or eventually true dementia, and nearly one-half of all cases of epilepsy occur between the ages of fifteen and twenty and fully two-thirds of these have a history of infantile spasm, laryngismus stridulus, teething difficulties,

glandular hyperplasia, well-defined lymphaemia, chorea, etc., whilst the other one-third is usually traceable to congenital syphilis, drunkenness in the parent, emotional causes (maternal), trauma, etc.

In connection with lymphaemic sequel symptomatology, epilepsy, etc., I will add that mental obliquities, erratics, irritabilities, etc., whatever their cause, are often rendered the more dangerous because of sudden and unlooked for developments.

The time allotted for this paper being exhausted, and the subject being practically an exhaustless one, I will close with a few general remarks on the care of these patients: Get the victim of this disease away from the cities and on farms, in a medium climate, and surround them as much as possible with strongly vitalized animal life. Feed them with nourishing, digestable proteid and diastacic food; let the vegetable diet be abundant, but keep them away from the vegetarian lunatic. Modified cow's milk or cream may be used. Teach them to use olive oil liberally as a food. Eggs in decided moderation in these cases. Pure, soft water. If indicated, as in glandular disease, cicatrices, etc., treat surgically. If mentally erratic, watch them. A case witnessed at the Middletown Insane Asylum a few years ago was relieved by removal of cicatrix on tibia. Find out if your case has had "worm syrups," that curse of modern civilization, washerwoman therapeutics. Don't let these patients tax their minds and ask about the bromides in previous medical consultations, and where they have had much of it, always give a guarded prognosis, and every time you give a dose of the homeopathic remedy being called for by the system, thank the God of Nature that Hahnemann lived.

DOWIEISM PUT TO THE TEST.

Dowie, in his extremity of need, called in one of the hated and much-abused medical fraternity as a last hope that the physician might be able to save the life of his child. Dowie's daughter, Esther, was fatally burned one day last month. The father and the elders of his strange faith prayed

for her all day. She must have suffered excruciating torture, and in hope of giving her some relief, if not in hope of her recovery, Dr. Dowie sent for a physician. In other words, he looked for relief from suffering to that very class whom he has so bitterly denounced in the past. It was a terrible test of his creed, and his faith seems to have been overborne by the stubborn fact of persistent, inexorcisable pain.

It is sometimes curious to the modern scientific mind how much of superstition seems to remain in the lives of us all in this enlightened age. How easily men become the dupes of quacks, enthusiasts and impostors. But of all impostors, those which appeal in some way to piety or to what one may call the pietisic sense seem to exert the greatest control over men.

Some great man has told us that piety is the greatest of the passions. It is this passion of piety which surrounds the pastor or the priest with an almost supernatural halo, which gives his opinion greater weight than the opinion of other men, which makes his requests duties, his desires commands, and even his faults excusable. A claim to supernatural powers of healing, or of control over the operations of nature, or of insight into what will happen will find some who will believe. Give this claim a shadow of truthfulness, and some will be found who will be ready almost to worship. So the medicine man and priesthood were early related, and usually in heathen times were one and the same office. Preach a gospel and some one will hear it gladly, even though it be false.

Eddyism and Dowieism are both of this character that they pretend to heal and that they appeal to this strongest of passions, piety. Both possess a small share of truth, which is nothing more than that mental impression plays some part in almost every disease, and they promise to the sick more than is held out to them by the medical profession. And both may even effect cures where physicians have failed. How signally they may fail when the poorest physician would give relief, the instance of poor Esther Dowie illustrates.

There is a difference, however, between Dowieism and Eddyism. Eddyism is a philosophy. The book of Mrs. Eddy is like a series of oracles from Delphi, couched in language by

no means clear to any one—not even to its author. Mrs. Eddy simply denies that there is or ever was such a thing as disease. There is little or no religion of any kind in her philosophy, although its cures are effected by praying to God to forgive for believing that there is such a thing as disease. Mrs. Eddy is the demi-god of the whole fabric, and she is likely a conscious fraud who turns the foolishness of her followers into gold.

Dr. Dowie is essentially Christian in his teaching. Dowie admits sickness. He declares it is from the devil. Christ overcome the work of the devil and He will now destroy sickness in answer to prayer just as when upon earth he caused the blind to see, the lame to walk and the deaf to hear.

Dowie appears to be a zealot. He very possibly believes what he declares. We can pity such a man, while we may denounce Mrs. Eddy. Dowie goes to the extremes in denouncing tobacco, hog's flesh and even oysters. His church is said to be hung with Masonic aprons from those of his followers who have cast them away at his bidding. Almost a year ago Dowie declared himself to be Elijah come again to earth. He put on authority from God and became an autocrat. He commands tithes to be paid. He undertakes missions and philanthropic work. He directs great business schemes of his church, a bank and various industries. It seems strange that such a great body of religious fanatics can exist in this enlightened land. Last June, when Dr. Dowie called a meeting of the 254 officers of his church and declared to them his claim that he was Elijah and John the Baptist reappearing again on earth, and asked if they would accept him as such, only five hesitated, only two refused to believe.

Dowie has generally denied various reports of his failures to cure which have appeared in the Chicago papers at different times. The last report about his daughter he does not seem able to deny or contravert. The new Elijah has failed at least to bring new life, and has even failed to relieve the suffering of his own dear child.

It is wonderful how many frauds and fanatic enthusiasts have had the world running after them in the world's history. But it is passing wonder that such a thing could occur now and in our own country.—The Medicus.

MATERIA MEDICA.

CONDUCTED BY EDWIN J. CLARK, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, DENVER HOMEOPATHIC COLEGE.

Hydrastis is a remedy often empirically prescribed by homeopaths. W. P. Bolles, in giving its use from the standpoint of the allopathic school, says: "It is difficult to find in Hyd. anything more than the usual tonic qualities of berberine-yielding drugs; in small doses they all are thought to improve the appetite and promote assimilation; in large doses they derange the stomach. It is given in intermittent and other fevers and for various uses to which quinine is put—sweating, typhoid, diarrhoea, etc. Locally used, Hyd. is in considerable favor as an ingredient of urethral and vaginal injections, as well as for washes for other surgical cases, ulcers, hemorrhoids, vegetations, etc."

It is mainly upon such vague generalizings that the average prescriber bases his reasons for the use of this drug, giving it often when not of value, because not homeopathic to the case in hand. This is a detriment to both patient and doctor.

Through its entire symptomatology we trace a decided reference to all of the mucous membranes. Its yellow discharge is like puls., its ropy, stringy character reminds us of kali bich, and its erosive action calls to mind krae. No matter what portion of the human economy is affected, there is almost invariably present a faintness at stomach, a goneness, sinking, with palpitation of the heart. As a rule the tongue is moist, and if coated, of a dirty yellow character; it often shows the imprint of the teeth.

This remedy is adapted oftener to chronic rather than acute conditions. Otitis media after frequent gatherings and earache; deafness; gleet rather than gonorrhoea; anemia, marasmus, etc. Its pains are sharp and cutting, knife-like, and it has often relieved pains of this character occurring in cancer or where we might suspect cancer. The face is sallow and the eyes are sunken and surrounded by dark rings. When you see this cachexia, with the gone feeling, palpitation of the heart and the knife-like pains, Hyd. will often furnish your

patient with complete relief. Under its influence a perceptible tumor covered with a mottled, puckered skin, and if in the breast, showing a retracted nipple, will diminish and may disappear.

Golden seal is used by the laity locally in sore mouth and in ulcerated sore throat. When you have a catarrhal ulceration with a tenacious discharge of a yellowish color, tongue showing imprint of the teeth, you will get excellent results in using a small dose internally. And especially in cases that have wrongly used mercury, quinine, chlorate of potash or where syphilis is present in the system. While not a very prominent remedy for constipation, it is called for in this condition when accompanied by that all-gone feeling and the palpiation of the heart. It is most apt to be useful in long-standing cases with a history of much purgation. Cases where you thought Nux was indicated and it failed. There is no typical stool, though the stool is often covered with or followed by a mucous discharge.

The menstrual flow is preceeded by noseblood and backache and headache; it is accompanied also by the backache and headache and is followed by a mucous discharge often lasting ten days and accompanied by great sexual desire; the coition is painful; later the discharge becomes acrid and there is adversion to coition and decided irritableness. In gleet there is decided lack to the mucus membrane with a persistent, more or less yellowish discharge, without pain. Profuse sweating of the scrotum is very apt to be present.

Hydrastis is indicated in eczema and other skin affections occurring particularly on margin of hair in front, with oozing of a tenacious, profuse, ropy secretion. Varicose and malignant ulcerations have improved under its use when there was present the prostration shown by the all-goneness and palitation. Applied locally to the skin, it has produced an exanthem hardly distinguishable from variola. It is of value in this discase when the eruption produces great swelling, redness and itching, with great soreness of the throat. It has been used empirically in this disease with excellent results, in many cases apparently preventing pitting. There is often present in the Hyd. patient a tendency to general perspiration of an unhealthy odor.—E. J. C.

Sharp prescribing is attended with immediate results. If you do sharp work you will see frequent aggravation of the remedy. When you do poor work you never see them.—Kent.

The tissue remedies are certainly very valuable medicines, but the claim that their use constitutes the best treatment for the sick in all cases is theoretically absurd, and is disproved by actual practice. The most marvelous thing in therapeutics is the homeopathic similimum. When Lachesis, for instance, is perfectly indicated, or, in other words, is the similimum, no tissue remedy or remedies can cure as quickly as Lachesis. Homeopathy has already absorbed the tissue remedies, and will go marching on when Schuesslerism has passed into "innocuous desuetude."—T. G. Roberts in Medical Advance.

Specifics—Let any practitioner seriously think over the cases that present themselves in any one day's average practice and tell us how many are well-pronounced examples of pure inflammation of the large organs or other well-defined diseases whose course is definite and symptoms sufficiently fixed to enable us to fix the specific ab usu in morbis. A very small number it will be; and applying this to the practice of medicine at large, we come back to Hahnemann's proposition that no two cases are exactly alike, a fact that strikes at the root of all attempts to perfect a system of specifics by experience in disease.—Drysdale.

How Not to Prescribe.—Last July I was called to succeed one of our homeopathic physicians in the treatment of acute inflammatory rheumatism. The patient was a young man eighteen years of age, who had been confined to his bed for seven weeks and was, on the day I saw him, worse than he had been at any time. On the table stood two tumblers of medicine, which he had been taking in alternation every hour; a box of three-grain tablets salicylate of soda, which he had been taking every three hours; and, in addition to this, oil of wintergreen several times a day. Will any one question me when I say this was an illustration of how not to prescribe.—Horace P. Holmes in Medical Advance.

Hypericum.—Sometimes a vicious dog will take hold of an individual through the thumb, or through the wrist, and run one of his great teeth through the radial nerve or some of its branches in the hand. You may not find in the earlier stages the symptoms of Hyp., but they develop gradually, and you will have them to treat later on. Do not cut the arm off, but cure it. We cure all these injuries with medicines—punctured, incised, contused or lacerated wounds, painful wounds. A wound sometimes will yawn, swell up; no tendency to heal look dry and shiny on the edges; red, inflamed; burning, stinging, tearing pains; no healing process. That wound needs Hy-

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Arnica.—The power of Arnica to promote absorption is made use of in preventing suppuration, and it will be frequently indicated in cases where a gland will take on inflammation through its great vascularity, or from an injury which is characterized by great pain and soreness. Arnica, given in time, will promote the absorption of blood and thus prevent not only the induration but the suppuration and thus bring about a speedy restoration of the functional activity of that part. It does more than this, because it tends toward the permanent strengthening of the walls of the blood vessels. Do not use arnica locally, and never use it where the skin is off, for it has in many instances produced erysipelas of a most persistent and malignant type.—Kent.

In treating the wounded with Arnica we have already lost two with pyemia, who would rather die than have their limbs amputated; after reading Dr. Thorer's observations we used Calendula from this time forward. The result was exceedingly brilliant. In the case of a young man whose upper arm was entirely crushed, and who was unwilling to have the limb amputated, the continued use of Calendula enabled us to extract all the bony splinters without any suppuration setting in; the arm healed with dry granulations, and although somewhat distorted, yet preserved a tolerable shape and the patient's life was not sacrificed. This was the result in every case where the splinters had to be cut out and the soft parts had been horribly contused and lacerated. In all such cases Calendula is indispensible to prevent suppuration and will always prove more efficient than any other remedy—Jahr.

You all know about Arnica, but be sure you keep it in place. In the first stage of an injury, where much bruising has been done, and there are none of these pains I have described, during the first hours of bruised conditions and concussions and shocks arnica is the routine remedy because it has produced similar symptoms in the human body. But you will find that Arnica only fits into that one place. Arnica should never be used for open wounds, as the laity are in the habit of using it; if it is used in any strength it will bring on erysipelas.—Kent.

The Bureau of Materia Medica of our state society, under the efficient management of Dr. C. W. Judkins of Glenwood Springs, will be the leading bureau at our Pueblo session. The papers as far as reported are:

"Gelsemium Sempervirens," C. W. Judkins, Glenwood Springs.

"Echinacea Angustifolia," J. W. Mastin, Denver.

"Dioscorea Villosa," H. Farrington, Chicago.

"The Schuessler Remedies and Our Materia Medica," J. A. Hatzfield, Pueblo.

"Baptisia Tinctoria," A. J. Clark, Loveland.

"Salicylic Acid," Kate W. Higgins, Denver.

"New Remedies and the Necessity of a Thorough Proving," Le Roy C. Hedges, Grand Junction.

Stannum Metallicum," Janet B. Clarke, Boulder.

OUR STATE SOCIETY.

Early in May the administrative council of our state society selected September 17th and 18th as the time for our next meeting. This council is composed of J. P. Willard, dean of the Denver Homeopathic College; R. O. Butterfield, representing the alumi of said college; C. E. Tennant, Denver Homeopathic Club; G. P. Robinston, Colorado Springs; G. E. Gray, Pueblo; C. H. Wilkinson, Canon City; Marian Wall Roberts, Leadville; J. Wylie Anderson, Denver, and Edwin Jay Clark, Denver. Later the dean of our college, forgetting

his vote in the administrative council, appointed September 17th as the day for the college introductory lecture by Professor Stewart, and September 18th as the day upon which lectures should begin. On July 17th the college faculty voted to change the introductory lecture to the evening of the 18th and to ask the state society to advance their session to Tuesday and Wednesday, September 16th and 17th. The local committee has agreed to the change.

The opening session will be called to order by President Anderson on Tuesday morning, September 16th, at 9 o'clock in the Grand hotel. Tuesday evening will be devoted to sociability, the president's address and light refreshments. This session will be the special one that your wife will want to attend, and you should arrange to take her with you and thus make the session of double interest to yourself. On Wednesday the State Insane Asylum will be the leading attraction.

Members to reach Pueblo in time for the opening session will have to take a Monday night train. After devoting Tuesday and Wednesday to the state society they can remain over Thursday and take in the state fair. Thursday will be the big day of the fair.

From the fair announcement we learn that "The grounds are attractive and centrally located and that the buildings are new, substantial and conveniently arranged. Horsemen have already learned that the half-mile track is one of the fastest in the country and the time made at the spring meet in many instances was phenomenal." Of course none of the doctors will want to see the races, but will all cry:

"I want to see the apples all
A-shining in a row,
I want to see the pumpkins and
Their cheery golden glow,
I am longing for the fragrant aisles
Of good old home-made cake,
And jars and jars of sweet things just
Like mother used to make."

—Selected.

Last year there was a decided demand for accommodations at the time of the state fair. This year there is expected a larger crowd than last. A word to the wise is sufficient; if you have any idea of attending, write to the secretary or to Dr. George E. Gray, Pueblo, and have proper reservations made so that when you reach Pueblo you do not have to hang up on a nail. The railroads have announced a round trip rate of one fare.

EDWIN JAY CLARK, Secretary.

DENVER HOMEOPATHIC CLUB.

Following is the uncompleted program of the Denver Homeopathic Club for the year 1902-3:

August 18—"Chronic Urethritis," Edwin Jay Clark, M. D.; "A Case of Cannabis Indica Poisoning," R. O. Butterfield, M. D.; "Electricity in Diseases of Women," Julia D. Fitz Hugh, M. D.

September 15—"Bacteriology as Applied to Medicine and Surgery," J. B. Brown, M. D.; "Prostatitis," J. P. Willard. M. D.; "Mercurius Biniodide," W. A. Jones, M. D.

October 20—"Some of the Prominent Urinary Disturbances, With Their Characteristic Mental Phases," C. E. Tennant, M .D.; "Specialties—Their Influence Upon the Hahnemannian Doctrine," David A. Strickler, M. D.; "Reduction of Dislocations," J. H. Morrow, M. D.

November 17—"Therapeutic Limits in Carcinoma of the Viscera," G. P. Howard, M. D.; "Carcinoma Uteri," W. R. Welch, M. D.; "The Microscope in Diagnosis of Malignant Diseases," F. P. Tuxbury, M. D.

December 15—"Unmodified Cow's Milk as a Food for the Infant or Adult in Disease," Walter Joel King, M. D.; "A Few of the Important Phenomena Manifested as a Result of Disturbance of the Sympathetic Ganglionic Cycle," C. W. Enos, M. D.; "Sanitary Science," E. P. Miller, M. D.

January 19—President's Annual Address, C. E. Tennant, M. D.; Reports of Secretary and Treasurer; Paying Dues for 1903; Election of Officers.

February 16—"The Mercurials Versus Syphilis in Diseases of the Myelon and General Nervous System," A. C. Stewart, M. D.; "History of Surgery Since Lister's Time," G. E. Brown, M. D.; "Comparative Materia Medica," J. W. Mastin, M. D.

March 16—"Myxœdema—Report of a Case," S. S. Smythe, M. D.; "Bright's Diseases, Medical Treatment," W. A. Burr, M. D.; "Bright's Diseases, Surgical Treatment," J. W. Harris, M. D.

J. W. HARRIS, M. D.
A. C. STEWART, M. D.
J. W. MASTIN, M. D.
Program Committee.

SURGERY.

CONDUCTED BY J. WYLIE ANDERSON, M. D.

DECAPSULATION OF THE KIDNEY FOR CHRONIC NEPHRITIS.

New light has been thrown upon an obscure subject by a recent notable contribution to medical literature emanating from the distinguished pen of a fellow-surgeon of New York City. To those who are acquainted with the autopsy room, the physical appearance of a chronically diseased kidney is a familiar picture. On the one hand, in the case of chronic interstitial nephritis, there will be noted the adherent capsule, the shrinking and unequal contraction of the organ, with occasional cyst-formation from obstruction of the uriniferous tubules. In chronic parenchymatous nephritis the organ is enlarged, and may be distinguished by cloudy swelling, with mottling and discoloration due to circulatory and degenerative changes; while common to both varieties of chronic Bright's disease are the thickening, general or localized, of the capsule proper of the kidney, and secondary inflammatory changes in the perirenal fat. In both varieties there is an appreciable change in the density and hardness of the renal substance. The thickening and adherence of the capsule must necessarily result in an increase in the intrarenal tension, thereby resulting in increased arterial tension in the organ and a corresponding interference with the excretory function. If, in addition to this, the inflammatory actions extends throughout the cortical substance, as it invariably does, there will occur an exudate of inflammatory material around the vessels and tubules. The already existing hypertension is thereby increased, and the obstruction to normal action is proportionately greater. This brief condensation of what is probably the explanation of the pathology of chronic nephritis in either of its forms, will at once make clear and convincing the rationale of Edebohls' most interesting and valuable suggestion. While performing nephorpexy on floating kidneys, which were at the same time organically diseased, he noticed that the loosening of the capsule was followed by an amelioration or even a complete dis-

appearance of the symptoms of chronic Bright's disease. This prompted him to perform the operation of decapsulation in organically diseased kidneys that were not dislocated primarily, and only for the relief of the pathological condition. The results were astonishing and gratifying to the utmost. The patients, almost without exception, were cured of their chronic disease. The removal of the capsule at once lessened the intrarenal tension; the arterial and venous circulation improved; the exudates were absorbed; and the renal cells resumed their normal action. If it be not too soon to arrive at positive conclusions, it would seem that one or more of the apparently insoluble problems of medicine has been solved. The physicians and surgeons of the world will await further investigations into the merits of this revolutionary method of treatment of chronic Bright's disease with the utmost interest.—*Editorial, Philadelphia Medical Journal.*

EGG MEMBRANE FOR SKIN GRAFTING.

In answer to a correspondent we may state that the substitution of egg membrane for skin in hastening the cicatrization of ulceration areas has been attended with considerable success in a number of cases, but that it is inferior to the Ollier-Thierch method. The part to be covered with membrane is prepared in the usual manner, i. e., cleansing with soap and water, alcohol and bichloride of mercury, after which all traces of the bichloride are removed by copious douching with sterile salt solution. The egg membrane may be applied to the granulating surface without previous preparation, or it may be soaked in a weak solution of corrosive sublimate and then washed with salt solution to remove the sublimate solution. It seems to make little difference which surface of the egg membrane is placed on the granulations. The graft is held in place by means of strips of rubber tissue and covered with gauze which is kept moist with salt solution; some, however, prefer to dress the part with dry sterile gauze.—Philadelphia Medical Journal.

THEORY AND PRACTICE.

CONDUCTED BY DR. W. A. BURR OF THE DENVER HOMEOPATHIC COLLEGE

LEPROSY CURED.

According to the Cincinnati Enquirer, Dr. Martin C. Woodruff of St. Louis has cured a case of leprosy with chaulmoogra oil. Two hnudred St. Louis medical men had seen the case and pronounced it one of genuine leprosy. There was discoloration of the patient's face and limbs, also anesthesia, all of which have disappeared from the use of the oil and hardly a trace of the symptoms remains, it is said.

Commencing with five drops of oil a day, Dr. Woodruff increased his patient's dose to forty or sixty drops three times a day. It was heroic treatment, but the nauseous effect of the heavy drug was partly avoided by the use of capsules in administering the oil. In appearance chaulmoogra oil is like tallow, and if left in a cool place it soon becomes as hard as a candle. To be administered as medicine it has to be melted in hot water.

The oil is the product of the seeds of the tree known as gynocardata odorata, which has no counterpart among American trees.

Kippax recommends this oil for leprosy in his Hand Book of the Diseases of the Skin. He also gives the indications for some twenty-five other remedies which may be found of value in individual cases.

This case is of interest to the profession in America for the reason that, from time to time the disease is sure to be brought to our shores. And this is liable to occur with increasing frequency as intercourse becomes more intimate with countries where leprosy prevails. Although generally considered incurable, with proper sanitation and hygiene it is safe to say that even leprosy may be amenable to proper medicinal treatment. B.

SOME GOOD POINTS.

W. A. Dewey, M. D., of Ann Arbor, Michigan, professor of materia medica in the Homeopathic Medical College of Michigan, delivered an address at the New York Homeopathic

Medical College and Hospital Alumni Day, May 8, 1902, during which he scored some good and strong points for homeopathy.

His definition of a homeopathic surgeon is as follows:

A homeopathic surgeon is one who adds to his knowledge of surgeory a special knowledge of homeopathic therapeutics, and practices his calling in conformity with that knowledge.

Then he says: "It is in the severest cases that homeopathy is most successful."

Speaking of the homeopathic treatment of tumors, he says:

If there is any one thing that I am certain of in the domain of homeopathic therapeutics it is the power of conium in the thirtieth potency to cure certain lumps in the female breast; it has been my experience to see tumors that were most suspicious disappear by the use of this remedy. Of course, the indications must be present here, as always, when a remedy is prescribed, and they are the piercing pains, tender glands, fugitive stitches here and there, etc. More especially is it indicated if the lump dates from some injury or from a blow. I do not know but other potencies would do the same, but I have found the thirtieth satisfactory and could cite a number of cases where it worked well. B.

BOVINE TUBERCULOSIS TRANSMISSIBLE TO MAN.

Can human beings take tuberculosis from cattle? The profession favors an affirmative answer to this question, but it is not settled yet. It is likely to call forth careful investigation and earnest debate for some time to come.

Now comes a Frenchman who inoculated himself with matter taken from a consumptive cow, in order to show that bovine tuberculosis is transmissible to man, and tuberculosis tumors were produced. Not satisfied with this apparently conclusive evidence, he has recently inoculated himself a second time with tuberculous matter taken from the liver of a diseased cow. This second form of inoculation is said to be inevitably fatal when performed on guinea pigs, showing the risk this man is taking for the cause of science.

Whatever the results of scientific investigation of this question, no meat or milk infected with tuberculosis should ever be eaten by man, and the public are sure to consider it unwholesome. B.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
JAMES WILLIAM MASTIN., M. D., ASSOCIATE EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 2 30-231-332 Majestic Building, Denver, Colorado.

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EDITORIAL COMMENT.

The surgeon who operates as soon as a man or woman has a pain in the right side of the abdomen, claiming the same to be appendicitis, whether it be a little colic from incarcerated gas, or inflammation, persuading the patient that it is dangerous to wait, has had a wonderful setback in the conservative treatment of King Edward VII. The surgeons who treated him are to be congratulated upon their good work. Notwithstanding the various American surgeons' writing, criticising the delay in the Kings case, what better results could have been had by an earlier operation? Certainly none; on the contrary, we are convinced had his abodmen been opened and his appendix removed he would have stood little chance to recover, for the King was not the best subject upon which to operate. His surgeons waited until the pus had formed into an abscess and then opened it with little danger to their royal patient.

We know inflammation of the appendix can be cured by regular homeopathic treatment the same as any other inflammation of the bowel. We agree wholly with the London Lancet that the case of the King of England is an example that justifies delay. Failing to cure the inflammation, lance the resulting abscess. Why have the American surgeons run this fad to

such an extent? We believe in many cases because there is money in it. At one time in Denver the operation for appendicitis threatened to rid us of all our wealthy citizens. Look back over the last ten years and note how many prominent men have died from the operation and how few recovered.

It was fortunate for the subjects of England that the American surgeon did not have his case. Instead of waiting a week for the pus to form and wall itself off, they would have operated and removed the appendix at the first symptoms and he would have been well at once—or dead. J. W. A.

We are glad to announce that by mutual agreement the dates of the opening lecture at the Denver Homeopathic College and opening session of the state society have been so arranged as not to interfere with each other; in other words, the opening lecture will be given by Dr. Stewart the evening of September 18th, instead of the 17th, as heretofore intended, and the state society's meeting will be held the 16th and 17th, instead of 17th and 18th, as announced in last issue of The Critique. This arrangement will permit every one so inclined to take in both events, and it is to be hoped that as many homeopathic physicians as possibly can will take advantage of the opportunity. The local committee of arrangements for the state meeting have prepared an unusually interesting program of attractions for the ladies who may go to Pueblo at this time to look after the conduct of their husbands, of course, and as the state society's program will keep that element busy, there is no reason on earth why the aforesaid ladies and their friends should not have a good time. If you are not already a member of the state society, apply to Edwin J. Clark, M. D., Steele block, Denver, for membership application blank.

We desire to make known the fact that since our last issue the editorial department of The Critique has been removed from 404 California building to rooms 230-1-2 Majestic, corner of Broadway and Sixteenth streets, and to request that all correspondence pertaining to this branch, and communications for publication, be sent to our new address. We hope to be able to make it plain to the Homeopathic profession throughout this western country that The Critique is published in the interests of Homeopathy, and if any member thereof desires to contribute anything along the line of good, live Homeopathic interest, that the pages of this publication are always at their disposal. We hope, as rapidly as such a thing is possible, to eliminate the product of the scissors from The Critique and make it a publication of purely original matter entire. We don't mean by this that the original matter shall emanate from one person alone, but be the product of Homeopathic physicians and published in these pages for the first time. Of course we do not expect to bring about this state of affairs at once, but we do hope to do so, with the kind assistance of those to whom this article is addressed (the Homeopathic physicians of Colorado and the Rocky Mountain district) in a very short time.

Dr. William E. Quine, an allopathic smooth-bore of large calibre, in a lecture he recently delivered to the students of the College of Physicians and Surgeons in Chicago, perverted facts so persistently regarding the principles of Homeopathy that the Medical Visitor paid its respects to him in an able editorial occupying several pages, at the conclusion of which we find the following shoulder hitter: "The Homeopath who desires his flag hauled down in the face of such a fire, is a coward."

NEWS NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Dr. H. M. Fryer has moved his office to 407-408 Jackson block.

Dr. J. B. Brown spent a few days at Glen Park, the forepart of last month, very pleasantly.

Dr. Arthur L. Peter occupies offices with Dr. J. M. Walker, 1257 Broadway. The doctor was a star member of the class of 1900.

The University Medical College of Kansas City, Missouri, favors this office with a copy of its twenty-second annual announcement.

The American Medical Association, which met at Saratoga last month, set the place of meeting for 1903 to be New Orleans, Louisiana, in May.

Dr. J. P. Willard was on the sick list several days last month. We are glad to note the fact that he is now able to be about and attend to business.

Dr. Alfred M. Moore, graduate of old Hahnemann, Philadelphia, 1902, has located at 1023 Nineteenth avenue. The Critique wishes the doctor success.

Dr. Mary Bradner took a day (or two) off last month and accompanied Dr. and Mrs. Tennant on their trip to Long Beach and other interesting points on the Pacific coast.

Dr. A. B. Norton, needless to add, author of "Ophthalmic Diseases and Therapeutics," has accepted the professorship of ophthalmology in the New York Homeopathic College.—Homeopathic Recorder.

Dr. C. F. Stough of Colorado Springs recently visited Chicago. Dr. Stough is very advantageously located for treating pulmonary disease, to which he pays special attention.—The Clinique.

Drs. Smythe and Mastin, after a struggle of over two months, have at last succeeded in getting possession of their new offices, 230-1-2 Majestic building, corner of Broadway and Sixteenth.

Dr. Otis Freeman, who it is claimed was the oldest practicing physician in America, died at Freehold, New Jersey, April 8th. Dr. Freeman was born in New Hampshire on December 30,1809.—Medical Age.

Dr. E. T. Allen, formerly professor of ophthalmology in the Dunham Medical College, Chicago, is looking Denver over with the intention of locating. The Critique desires to acknowledge a pleasant call from the doctor.

Dr. Emma F. A. Drake of this city is the author of a very valuable book upon the subject of "What a Woman of Forty-five Ought to Know," at least so says a reviewer of books in the Therapeutic Advance for July.

Dr. N. A. Creamer has decided to locate at Loveland, so we have been informed, and we take especial pleasure in recommending him to the citizens of this thriving city as being a thorough physician and gentleman.

Dr. J. B. Kinley and family sojourned at Glen Park, near Palmer Lake, a goodly portion of last month. It is needless to say that they had a delightful time, as Glen Park is one of the most beautiful spots in the vicinity.

Mrs. Katharine Bressler, matron of the Baptist hospital of Chicago, paid her respects to the Critique's associate editor the forepart of last month. She has inspected the Denver hospitals and seems to think that they will do.

Dr. and Mrs. J. W. Harris spent several days very pleasantly at one of our near-by mountain resorts the latter part of July. The doctor was obliged to return to the city on business, but Mrs. Harris is still out of the city.

Dr. Melville Black announces that he has taken offices in the Majestic building, on the corner of Sixteenth street and Broadway, Denver, where he will continue to confine his practice to diseases of the eye, ear, nose and throat.

Dr. R. A. Billings, who quite recently located at Longmont, returned to Ord, Nebraska, his former place of residence, one of the last days of last month. The object of his mission was to get his family and move them to their new home in Colorado.

The Denver base ball club has recently added a real M. D. to its list, Dr. Moskiman being the star performer referred to. The few times he has appeared in the pitcher's box for his club have been occasions on which the Denver's were winners.

Dr. R. D. P. Brown of Pueblo could not rest content in that country burg, so made a trip to the city the first of the month that he might keep up with the times. He reports his town red hot and making great arrangements for the state society and the state fair.

Mr. and Mrs. D. S. Grimes of 3032 Fairview avenue celebrated their fifty-first marriage anniversary on the 7th of August. Mr. Grimes is one of the oldest florist and nurserymen in the state. Mr. and Mrs. Grimes are enthusiastic supporters of homeopathy. The Critique extends congratulations.

Another state has swung into line. Iowa has put one of her institutions for the care of the insane under homeopathic treatment, and has extended a call to Dr. A. Stanley Dolan to take the superintendency. Dr. Dolan has, however, declined, and will remain with the Patton hospital.—Pacific Coast Journal of Homeopathy.

The twenty-seventh annual announcement of the Chicago Homeopathic Medical College has been received at this office. An institution with Dr. A. C. Cowperthwaite at its head, as well as one of the professors of materia medica, ought to be a pretty safe place for anyone desiring a thorough course in homeopathy.

During a brief sojourn in the city Dr. W. Carey Allen of Colorado Springs paid the Critique office a very pleasant visit one day the early part of last month. Dr. Allen is a very sociable and accomplished gentleman, and enjoys a large and lucrative practice in the city to the south of us. He was contemplating a visit to the Pacific coast soon.

Dr. David A. Strickler does not believe that working all the time is conducive to good health, consequently he takes a few weeks off every summer. Last month he accompanied a congenial party of friends on a trip northward, which included a visit to Long Beach, Seattle, Portland and other interesting points, and we hope the trip was thoroughly enjoyed.

Professor Rufus B. Weaver, M. D., of old Hahnemann, Philadelphia, Pennsylvania, called upon The Critique. Dr. Weaver made a complete dissection of the nervous system some years ago, which is considered the greatest piece of work ever performed of the kind. The same was exhibited at the World's Fair. Dr. Weaver enjoys the distinction of being the past master in everything pertaining to anatomy.

The Critique had a pleasant call from Mr. J. Davison, the gentlemanly representative of the well known house of the William S. Merrell & Co. of Cincinnati, Ohio. Mr. Davison was pushing Genitone and Maizavena in a very enthusiastic manner. We are glad to see this house back again in this territory, and suggest they follow the detail work that is being done, by advertising in the medical press.

The remains of Dr. R. L. Shoe, who died in California on the 21st of June, accompanied by Mrs. and Miss Shoe, will arrive in Longmont for final interment on Sunday morning, August 3rd, at 10:12, on the

Colorado & Southern. A delegation of the Masons and the friends of the family will meet and escort the body to the cemetery, where brief services will be conducted by Rev. A. W. Liggitt.—Longmont Ledger, August 1st.

Dr. Wade Anthony Jones of this city was chosen a delegate to the Young People's Christian and Educational Congress, which convened at Atlanta, Georgia, the 6th to 11th of this month. Dr. Jones read a paper before this body of very intelligent colored people upon the subject of "Cause and Cure of High Mortality of the Race." Besides attending the congress Dr. Jones paid a pleasant visit to friends and relatives in the South.

Dr. and Mrs. C. E. Tennant packed their trunks and started on a little jaunt the latter part of last month. From reports received at the business office of The Critique we are pleased to learn that both the doctor and his estimable wife are enjoying themselves to the limit, and that in all probability before they return to Denver their trip will include a visit to Alaska, in which case they will not have returned to Denver by the time this is published.

A very neat card bearing the following announcement was received at the Critique office: "A. F. Swan, M. D., Homeopathist, Lafayette, Colorado." We are glad to see one of the Denver graduates with backbone enough to tell the people what faith he holds fast to. The people of Lafayette will find Dr. Swan not only a good, straightforward homeopath, but an all-around gentleman besides. That card, if nothing else, prompts us to exclaim: "Swan, you're a bird!" (Please pardon the age of the joke.)

Colorado Springs, July 30.—Dr. George Willis Lawrence, one of the best known physicians of this city and state, died early this morning from a severe attack of Bright's disease. His wife and two children were with him when he died. The funeral will be held from Grace church Friday morning. Dr. Lawrence was a native of New York and came to Colorado in 1882. He was a member of the state board of medical examiners. He was a prominent fraternity man and was a Mason and a member of the A. O. U. W.—Denver Times.

The Critique, Denver, Colorado.

Dear Sir—Governor Stone of Pennsylvania has refused to reappoint Dr. F. A. Boericke to the state pharmaceutical examining board of Pennsylvania, and has given the place to an old school druggist, thus depriving the homeopaths of the representation to which they are entitled. The honor of the state was pledged to this and every governor has always faithfully kept the pledge until the present man was elected, who apparently believes more in machine politics than honor.

A large number of the physicians of the state wrote the governor urging the reappointment of the honorable representative and he also had the unanimous support of all the members of the board, but to no avail. Homeopathy was "knifed." Yours truly, E. P. ANSHUTZ.

Thakur Bhowani Singh, physician to Karauli Rajputana, prince of Madras, India, is at the Brown. He will go to Salt Lake to-morrow, and from there to San Francisco, sailing thence to Hong Kong, en route home. "I cannot speak of the British administration in India," he said, "because we are under a rule not to make expressions of that kind, and if I disregarded it I may come to grief. I am a physician, and the science of medicine in India is well advanced, even among the Hindus. I have studied homeopathy and allopathy, and use both when occasion demands. I was on a visit to England and having heard so much of America, I wished to see the country before I returned." Dr. Singh is tall and muscular and speaks excellent English.—Times, July 4th.

Police Surgeon Davis was startled last night by the appearance in his office of a man with an extremely ugly cut under his left eye. He asked to have the wound dressed and sewed up, saying that he had received it in a fall from a bicycle. Dr. Davis at once gave it as his opinion that the sight was destroyed in the left eye, as the cut plainly reached toward that organ. The man merely looked up at the ceiling and said nothing. After the wound had been washed and its edges sewed together Davis informed the man that he would never again be able to see anything with the left eye. After refusing to give his correct name, because he said he did not want to see it in the newspapers, he turned toward the police surgeon and said: "I guess you're right, Doc; that was what the doctor in Indiana said when he operated on me about five years ago. He took the eye out and put in a glass one." —News.

Dr. and Mrs. James M. Walker of No. 1265 Broadway have issued invitations for the evening of Friday, August 8th, to meet their son Frederick, who is at home from West Point for the summer. The occasion will be honored by the presence of a number of West Point young men, some of whom are guests at present in Denver. They are Walter F. Drysdale of Kansas, whose heroic services with General Funston in the Philippines won him a medal from Congress; Eaton Merritt, who is the guest of Mrs. C. F. Barrell of No. 1633 Humboldt street; Mr. Henry Conger Pratt, who is a guest of Mrs. Hiram W. Conger of No. 1284 Downing avenue; Ralph Talbot Ward, a nephew of Ralph Talbot, and Mr. White, who is being entertained at a ranch a few miles out of the city. Mr. Anderson of Washington, D. C., a classmate of Frederick Walker, is expected next week to be his guest for some weeks. The affair, which is given for the younger set, promises to be quite a "military" event.—Times, Sunday, August 3rd.

IN RE LATEST DISCOVERIES.

Chinese Leper Cured.

Dong Gong, a leper, who has been isolated for nine months at St. Louis, has to all appearances been cured by Chaulmoogra oil, the product of an East Indian tree. This was the sole treatment.

A new and sure cure for rheumatism.—Jonathan W. James of Queens Rivers was hobbling across a field when he was struck by lightning, and knocked unconscious. He was completely cured of rheumatism by the bolt.—Cleveland World.

New Lockjaw Cure.

Last winter the country was startled by the frequency of lockjaw following the use of anti-toxin for diphtheria in St. Louis, Cleveland, Brooklyn, etc. Now at Harlem hospital they treat lockjaw by administering anti-toxin. A discovery, sort of homeopathic you know.

A new cure for the treatment of the morphine habit is by the large and repeated doses of hyoscine. The patient taking as much as one-quarter of a grain each day without dangerous results.

Cure for Cataract.

A French oculist has had remarkable success in the treatment of cataract without operation by the application of baths of salicylate of soda. J. W. A.

Do a Little Forgetting.

If you would increase your happiness and prolong your life, forget your neighbor's faults. Forget all the slander you have ever heard. Forget the temptations. Forget the fault-finding and give a little thought to the cause which provoked it. Forget the peculiarities of your friends and only remember the good points which make you fond of them. Forget all personal quarrels or histories you may have heard by accident, and which, if repeated, would seem a thousand times worse than they are. Blot out as far as possible all the disagreables of life. They will come, but they will grow larger when you remember them, and the constant thought of acts of meanness or, worse still, malice will only tend to make you more familiar with them. Obliterate everything disagreeable from yesterday. Start out with a clean sheet for to-day, and write upon it for sweet memory's sake only those things which are lovely and lovable.—Medical Council.

Antidote for Formaldehyde.

In view of the fact that this chemical is coming more and more into general use as a disinfectant and antiseptic, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia water. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirit or a solution of ammonium acetate.—Merck's Archives.

THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of the Missouri river. Hence, it is the best medium through which to advertise.

In papine advanced pharmacy has given us a perfect opium preparation. It possesses the anodyne virtues of opium and not the constipating and untoward actions. Papine may be briefly defined as the only opiate which is free from the evil effects which I have just named. It is very prompt, in this respect excelling any other opiate, and it never produces nausea, constipation and the usual woes that go hand in hand with the old time opiates. Papine is, therefore, the remedy which is indicated in all forms of inflammatory pain. It is given in doses of one teaspoonful every one, two or three hours, until its anodyne action is attained. In giving papine we can bear in mind that a teaspoonful represents the strength of one-eighth of a grain of morphine. Having this fact in mind the dosage which is appropriate in any case will at once suggest itself.—Extract from "Remedial Measures Indicated in Affections Attended With Pain," by G. S. Trotter, M. D. (New Albany Medical Herald.)

Pepto-Mangan (Gude) was administered with excellent success to a patient who had been unable to tolerate other chalybeate preparations. The patient, who had suffered for a number of years with anæmia and disturbances of the gastro-intestinal functions, improved noticeably. She soon acquired an appetite; the previously existing nausea and gastric pains ceased, and the bodily weight increased. I am therefore able to assert that Pepto-Mangan is an excellent remedy for severe cases of anæmia. DR. BUCHTERKIRCH.

Stolp, Pommerania, August 31, 1901.

A "Good and Reliable Disease."

Bill Nye once said that John Bright, having discovered the need of "a good, reliable disease for the use of the aristocratic and patrician statesman," began to "sit up nights and perfect Bright's disease." He says of it: "It has been kept out of reach of the poor, and to die of this disease has been regarded as a proud distinction."—Iowa Medical Journal.

A Model Homeopathic Institution.

(Reprint from Medical Century, Chicago, Ill., May, 1902.)

It gave the editor of the Medical Century great pleasure to be able recently to visit this interesting and notable homeopathic institution, where he was heartily welcomed by the superintendent, Dr. A. J. Givens, and his courteous assistants, Drs. Hodgson and Wadsworth.

This sanitarium is one of the largest institutions of the homeo-

pathic school devoted to mental and nervous diseases, with a separate department for drug and alcoholic patients. It is arranged on the cottage plan, and is composed of seven fine buildings, with a capacity for upwards of 200 patients, and it is always running to the limit of this capacity. The grounds consist of thirty acres of land, situated on an elevation, commanding a fine view of the surrounding country. Here is found everything that nature and science can furnish for the restoring to health the class of patients specially treated in the sanitarium. Every comfort and care is bestowed upon patients. Over fifty trained nurses are constantly in attendance. The rooms are not only ample, but in many instances luxuriously furnished, and everything about the whole institution evidences able management. Here, that great idea of rest and refreshment is carefully carried out.

It gives the Medical Century and its editor great plasure to make our readers cognizant of this fine institution of our school. We believe we can do the cause of homeopathy no greater service than to call attention to our institutions, especially such a model one as is Stamford Hall. Its great success has been but a question of careful management, great personal skill, and attention to detail by its genial director, Dr. Givens.

Still Has a Complaint.

Askit—Whatever became of that patient of yours you were telling me about last spring?

Dr. Sokum—Oh, he's got a complaint now that's giving me a great deal of trouble.

Askit—Indeed! What is it?

Dr. Sokum—It's about the amount of my bill.—Philadelphia Press.

"Russian Rambles."

"Russian Rambles," by I. Hapgood, contains the following statement: "Very few Russians wear anything but linen underwear, and foreigners who have been accustomed to wear flannels are forced to abandon them in Russia."

The climate of Russia is known for its severity. Experience has taught the Russians that flannels weaken the skin and put those who wear them in constant danger of colds and pneumonia; hence they clothe themselves in the safer and more trustworthy linen underwear.

The Dr. Deimel trade mark on linen-mesh underwear is equal to the "sterling" mark on silver.

Remarkable Symptoms.

"Well, Patrick," asked the doctor, "how do you feel to-day?"

"Och, Doctor, dear, I enjoy very poor health intirely. The rheumatics are very distressin', indade; when I go to slape I lay awake all night, an' my toes is swelled as big as a goose hen's egg; so whin I sthand up I fall down immajit."—The Doctor.



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Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

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CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

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DOCTOR==

Have you thought of your office-carpet. Is it altogether sanitary?

CARPETS VS. RUGS.

Rugs can be moved every day and cleaned every week. Jupiter Pluvius will furnish the Germicide.

There is nothing as handsome nor more durable than a Navajo Blanket used as a rug.



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PRICES 50 PER CENT BELOW OTHER DEALERS.

Why, because we own five leading posts and as you deal direct with us, you save the other fellows profit.

Give us a call, or **Send for Souvenir Card.** Remember the address, Corner of 16th & Glenarm Sts.

Pure oxygen gas can be had of the manufacturer, W. H. Lauth. Elsewhere in this issue we present the great benefit obtained in the treatment of pneumonia by the inhalation of oxygen gas. The lung being hepatized cannot oxygenize the blood, hence we introduce pure oxygen by inhalation with magical results.

Strange Epitaph in Moreton, in March Churchyard.

Here lie the bones of Richard Lawton,
Whose death, alas! was stringely brought on;
Trying one day his corns to mow off,
The razor slipped and cut his toe off.
His toe, or rather what it grew to,
An inflammation quickly flew to,
Which took, alas! to mortifying,
And was the cause of Richard's dying.
—From Gloucestershire (England) Notes and Queries.

No class of men approve of rugs more than the physician, because of the ease in which they can be removed and cleaned, hence they are more sanitary than carpets. Add to this the bright, artistic coloring peculiar to the Navajo rugs and you have a useful ornament that will wear equal to oriental rugs. The Navajo Indian Blanket Store Company, 503 Sixteenth street, will take pleasure in showing their fine assortment of rugs.

He Knows the Guilty Party.

The ten-year-old boy who was sent away from home at the time his new brother made his appearance was told by the nurse upon his return that during his absence the stork had brought him a little brother, replied: "Stork nothing; didn't I see Dr. Smith's old mare tied out here last night?"—The Doctor.

Six reasons why "hypotone" is the best hypophosphite preparation: 1. It acts most quickly. 2. It aids digestion instead of impeding it. 3. It is more readily diffusible. 4. It is more promptly assimilable. 5. It is palatable instead of being nauseating. 6. It costs less than any other. Eight-ounce bottle, 50 cents.

CHAS. ROOME PARMELE CO., 45 John St. N. Y.

Skin-Grafting With Skin Scrapings, in Blood.

Anna H., aged twelve years, American. Diagnosis, burn of right hand. Patient was admitted to hospital March 8, 1902. As a result of the burn she had on the back of her hand an ulcerous surface 2x1¾ inches, very painful, and in spite of three months' treatment had refused to heal. It was impossible in this case to secure skin-grafts, and as I wished to demonstrate to the visiting physicians who were

present the efficacy of skin scrapings as a means of bringing about a rapid healing of small surfaces where grafts could not be obtained, with an ordinary vaccinating comb, I secured skin scrapings from the little patient's arms, legs and back. These were deposited within the periphery and dressed as in the other case. The dressing was kept wet with bovinine pure until the morning of the 16th, at which time it was removed and to the delight of the visiting physicians as before, the surface was found to be almost entirely healed, there remaining unhealed only a small space about he size of a ten-cent piece, in the center. The wound was now dressed with bovinine pure and the nurse ordered to change it every twenty-four hours. Internally the patient had been getting a teaspoonful of bovinine every two hours in peptonized milk. March 24th she was discharged cured.

Good Crops Brings Prosperity.

A Georgia farmer made $100 from an acre of watermelons and the nearest doctor made $200 from the same acre.

The great demand for X-ray and electrical apparatus, and most especially for "The Sorensen," can hardly be illustrated any better than by the fact that a new company has been incorporated in Ravenna, Ohio, with a capital stock of $25,000 for the manufacture of such goods. They have bought out the Grand Rapids and Toledo companies, as well as the old plant where the "Sorensen" was made in Ravenna, and they are now building a new factory with about 25,000 square feet of floor space in addition, making it the largest factory in the world for the manufacture of such goods. The name of the new firm is "The Sorensen Manufacturing Company," and they are pleased to see all of the customers of the three companies they are succeeding as well as others who may wish to get acquainted with their goods.

Useless.

Doctor—I want to percus your liver.

Patient—Divil a bit o' good'll thot do, docthor; faith, an' I've bin cussin' that same old liver for farthy years.

Sanmetto in Cystitis, Hypertrophy of the Prostate and in Pre-Senility.

I have prescribed Sanmetto in my practice for a period of seven years with the happiest results to my patients and great satisfaction to myself. In crystitis, true hypertrophy of the prostate, and where the complex generative system has lost its tone, vigor and vivacity, it is the remedy par excellence. Many imitations are on the market, but the Od Chemical Company of New York makes the only Sanmetto.

Lancaster, Ohio. J. M. STUKEY, M. D.

Wounds giving off sanious discharges, when dressed with soft wilted cabbage leaves promptly take on healthy action and assume a better aspect.

THE CRITIQUE.

VOL. IX. DENVER, COLO., SEPTEMBER 15, 1902. NO. 9

MEDICAL MILLENIUM.

(PRESIDENT J. WYLIE ADERSON'S ADDRESS BEFORE THE STATE HOMEOPATHIC SOCIETY AT PUEBLO.

It is my purpose to treat of some existing practices in things medical, and of men who devote their lives to the treating of disease, incidentally to refer to some of the means used to personal ends at the present time, and the changes necessary before that happy time when all medical folks will live for a thousand years in harmony with each other and at peace with all mankind.

Many of us who have witnessed the rapid progress that has been made in this western country within the last few years, can to some extent appreciate the changes that are necessary to produce definite results. For example, at one time all that part of the country west of the Allegheny mountains was known as the Great American Desert. According to the great Webster, nothing could exist here but wild beasts and savages. The land was good for nothing, and the American people would never have any use for it. Since that time civilization has been making rapid strides westward, until now behold the transformation!

"This land where roamed but yesterday
The savages in fierce array—
Civilization's foes;
Playground of buffalo and deer,
Made by the sturdy pioneer
To blossom as the rose."

We have but to pause for a moment to review the rapid changes in our own state. Here, where so recently was the favorite haunt of the red man, we now are holding the seven-

teenth annual session of the State Homeopathic Society. Recently Jay Gould said of this city:

"This is the 'Pittsburg of the West.' It is destined to be the most important manufacturing city west of the Mississippi river. The product of the factories which must be located here because of its being the absolute center of an immense area of wealth-producing materials, will be shipped to all parts of the world. Pueblo in fifteen years will be the most talked of city in the country, and in twenty-five years will be among the first half dozen manufacturing cities in America."

Andrew Carnegie also made the following prediction: "We need not fear further competition in the East; but, mark my words, there will be a plant erected in the West, at Pueblo, Colorado, that in twenty years will be much larger than any two other plants in America. That city is destined to become the most important factor in the country, for the reason that it has unlimited coal and iron at its very doors, and is down grade from all the points producing raw material. The products of its mills will enter into competition with the steel and iron mills of the world, it is the logical center of the iron and steel industry of the country." And in a recent address to the Board of Trade of the city of Pittsburg he remarked: "Steel can be produced in Pittsburg cheaper than in any other place in this country, except in the state of Colorado."

The followers of medicine were for centuries like the people of this western world, savages, who attributed their sicknesses to the possession of demons, and used incantations and old superstitious charms to appease the gods of disease, tore asunder the limbs of innocent babes and cast them into the rivers to be devoured by crocodiles. They made concoctions of all the effete substances that distress the sense of smell and sicken the stomach, administering these in the endeavor to drive out disease. Groping in the darkness, they as medical men thought that the more nauseating a medicine was the more beneficial it must be. Hence all manner of things were compounded into one prescription; from ten to fifty different substances were given at once, of course with indifferent success.

And on down we come until we reach the middle ages, when Paracelsus, the father of medicine, made a wonderful

discovery, one that has cost humanity its thousands and tens of thousands of lives. It was that the earth was composed of Antimony, Saltpeter and Mercury, and that when man was sick it was because he was lacking in one of those earthly substances. All that was necessary to effect a cure was to supply the deficiency in large and material quantities. But at a later period within the memory of many, when disease was supposed to be a humor of the blood, to cure it they let the life blood flow until the patient was exsanguinated. Each and every disease was treated alike, bleed, bleed, bleed, bleed the anemic, bleed the plethoric patients.

A chaotic state of empiricism, drifting and changing from one thing to another, had existed in medicine all this time, and as a result few facts were settled. And this was and is the so-called rational and "regular" practice of medicine, which, like the savages of the western country, held undisputed possession of all that pertained to medical practice, until about one hundred years ago. Then a brilliant professor of medicine and chemistry made the discovery that drugs, when administered to the healthy in large doses, produce certain definite symptoms; and that the drug that will produce given symptoms when proved upon the healthy will cure like or similar symptoms when present in disease. This was a definite, sure and reliable method of finding the action of a drug or medicine and was called by its discoverer, Samuel Hahnemann, the law of similars. This law of likes or similars is univrsal. Each species begets its own kind, man, beast, fowl and fish reproduces its like. Hahnemann applied one of the laws of nature (after proving the law) to drugs; found that like cures like and likes reproduce likes. Hahnemann designated his followers Homeopaths in counterdistinction to the majority, who were called Allopaths.

Homeopathy is the science of therapeutics, because it proves drugs upon the healthy man or woman and records the symptoms produced. Remedies proved by Hahnemann a hundred years ago have of course the same action to-day, hence we have definite, exact knowledge of each drug proved, and know its action. Not so our friend, the allopath, who puts into

one prescription a number of remedies many times antagonistic to each other, after experimenting upon dumb beasts.

In a test case recently submitted to one of our leading allopathic journals, giving the symptoms of a patient, doctors of both schools were requested to send in prescriptions. A great number of allopaths throughout the country responded with as many different prescriptions, while in more than ninety per cent. of those sent in by homeopaths the same remedy was prescribed, thus proving conclusively to many members of the old school the regularity of the new school in prescribing, and the irregularity of their own methods. This brief record will satisfy the unprejudiced which is the regular and which is the irregular school of medicine.

A regular physician is a man or woman who has graduated from a regular chartered medical institution; therefore to be exact and liberal we need only dub them all regular homeopaths and regular allopaths and then drop the prefix for brevity's sake.

For one hundred years the allopaths have waged war against the homeopaths in every conceivable manner, but to no purpose. "Kites rise against and not with the wind." The truth of homeopathy lives and flourishes; to day it has over ten thousand practicing physicians and surgeons in the United States, who have the cream of the intelligent and wealthy people as their patrons. Homeopathy does not appeal to the ignorant. It is the law of selection, not the law of quantity.

Yet we hear that homeopathy is fast dying out, and annually we are buried by our friends, the allopaths, without music, flowers or weeping from our executioners. Last year, as a sure sign of our early demise, we dedicated at Washington, D. C., a monument to the founder of our school, costing over one hundred thousand dollars, which is claimed by critics to be the most artistic monument ever erected in this country.

Having failed to legislate us out of existence, or successfully bury us, our allopathic friends at last come to us and want to merge us into their all-knowing organization. Allopathic literature is full of this. "Think of it, then, if you can." Take us into the fold! This is surely the first sign of the millenium. How flattered we should be! Swallow us with all our

infirmities, vivify a corpse, a defunct school. Purify us by "benevolent assimilation," us renegade Philippinos of medicine!

Is it because we forever sheathed the lance that bled thousands of the human race into untimely graves, even a president of the United States not escaping? Or that we proved to them there is such a thing as medical economy, and that it is not necessary to salivate a fellow man with massive doses of corrosive mercury? Or, again, that there is a better way than to suppress every pain with opium, from the unnecessary use of which many patients have acquired the drug habit?

These are a few things that the dominant school find laid at their door. Homeopathy has wrought a marked change in their methods, yet thousands of allopathic physicians go on giving poisonous doses of mercury, opium and depressants that produce permanent and irreparable injury.

What must take place before the medical millenium can arrive? Doctors of all schools will have to concede the same right of private opinion as they claim for themselves. The doctor who works the piety dodge of church and Sunday school for commercial ends will miss that gladsome day. The surgeon and medical man who invariably reports to the papers his own wonderful cures and operations, yet who would scorn for ethical reasons to insert and pay for an advertisement telling of his wonderful prowess, must stop. We have some such gentlemanly quacks in Colorado.

The doctor who can see no good in any school of medicine but the one he has studied, condemning all practitioners who dare to think, believe or practice any different system, this genus medico will have to acknowledge his mistake. The M. D. who "cures every case" of diphtheria, scarlet fever and meningitis will need the prayers of the faithful, as well as the doctor who "daily visits sixty cases," for both are liars; it is merely a question of degree.

In this connection may be mentioned the doctor who always comforts the family by stating that he was called too late, or, "if Dr. —— had done so and so," the patient's chances of recovery would have been better. The doctor who knows all about disease and how to cure it, yet never takes a medical journal, nor buys any new books, who talks loud and long to be

heard of men in public places, street cars, etc., and adds M. D. to his signature on every occasion, is a dangerous member of society and his mouth should be closed, for he is ignorant of the first principles of medicine and the first rules of medical refinement.

A doctor should first of all things be a gentleman. The doctor with a fad, who diagnoses every trouble as caused by the liver, no matter what may be the origin or where the trouble is located, together with the surgeon who finds every patient to have a floating kidney, will need to change his methods. The old school doctor who froths at the mouth with range when the name of a doctor of the newer school is mentioned, and proceeds to make a tuneful donkey of himself because he can see no good in any man whose belief differs from his own, will have to admit that a man is no less a gentleman because he holds a different opinion.

There is another class of sinners in the medical profession, the specialist, who, when a case is referred to him for some special work, persuades the patient that all his or her trouble comes from the organs treated specially by him, and proceeds to treat the patient from that standpoint for every ailment thereafter. This class of men is closely related to those who are jealous of the success of others, constantly bemoan their own lot, and should be classed as "has-beens."

The homeopath who claims to be a simon pure follower, yet gives calomel in ten-grain doses, and morphia for every pain in large quantities, has done more injury to the cause than the man who is honest, but claims to be an allo-homeo-eclectro-path, in other words, a mongrel. When the millenium comes, a medical man will have to be one thing or the other; travel one path and by being honest he may give medical science a wonderful impetus. Who ever saw a doctor who claimed to be of one belief at one time and of another at another time, who amounted to anything? One must have a singleness of purpose, and must cherish his own convictions. No sufferers want a doctor unless he believes in what he is doing, and is convinced that his method is the very best known. A physician cannot be a homeopath and an allopath at the same time. Impossible! One prescribes according to the symptoms present, the other prescribes for a disease by its name, empir-

ically; one prescribes one drug or medicine at a time in small doses, the other prescribes numerous drugs at one time in large doses, producing a result just this side of their true toxic effect.

The accumulated stillness of the dear public in regard to medical legislation, while asking protection from practitioners of the various cults who prey upon it, leads the astute observer of the laity to wonder why the allopth, homeopath and eclectic, in the order named, are so desirous of medical legislation to protect the dear public—in fact to save themselves. This country was sought for and founded by people of foreign lands, who fled from persecution because of their beliefs, and the express constitutional provision was made that they were not to be interfered with in their pursuits of life, liberty and happiness. All medical legislation is of itself in the nature of class legislation, asked for by the few and not by the masses. When the latter are happy and are not seeking redress, why should the former force upon them medical restrictions, unless from selfish motives? While believing in the highest education and qualification, I, for one, do not wish to stand for such methods; and until the demand is made by the people, I am an advocate of liberty in things medical, and of giving to every adult the right to pursue in his own way any method of healing that appeals to him. proving to himself the good or bad of each dogma.

In truth we are convinced that in medicine we do believe in "the survival of the fittest." We as homeopaths know what it is to be imposed upon, villified, reviled and called all manner of names, scorned, lied about, etc.; yet homeopathy lives. Shall we, in turn, use the same tactics to oppress others for their beliefs because we have survived?

The medical millenium will have arrived when medical men cease to be bigots, are honest with themslvs and others, according the same privileges to other as demanded by themselves; when truth and not hypocrisy prevails; when men observe the golden rule of doing unto others as they would be done by, proving all things and holding fast to that which is good; when "the physician's highest and only calling will be to restore health to the sick, which is called healing;" when "the highest aim of healing will be the speedy, gentle and permanent restitution of health or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons."

LOOKOUT FOR THIS.

Inasmuch as the following is evidently of great value to the medical profession, we waive our invariable rule requiring the author's signature to all articles appearing in these columns, and most urgently request that the author favor us with the required information at his or her earliest convenience. We have not been able to place the condition referred to among any of the common ailments, consequently, until we are more reliably informed, will hold our breath in anticipation of something perfectly awful "breaking out:"

"At all times it must be borne in mind that we cannot lose sight of the well-marked symptomatic distinction between the paleozymotically lymphomorphous aspect of the coryzoic phase of the ordinary or periphlogistic variety of symplastic, or, as is perhaps more generally known, hypermetroprophylogical zoophlytitis (and here it may be well to emphasize the peristagmatic chaarcter of zoophlytitical phenomena in general as well as in their therapeuto-medical aspect) on the one hand and the epithamelially discoriated, or rather peripatetically syncopated hystero-uterinarial occurrence of the false or pseudo-prismoplastical aspect of what may, but cannot really symptomatically be considered as the hypermetropic variation of chrysmophlemœpizophylosis as it has been observed to occur in apposition to a philophyhosmophorously porophrygmatic, or, I may say, caliotshyomatic or pragmazooplhygotic condition. In view of the fact that it is very apparent how easily these conditions may be confused, I have thought it well to give to the medical fraternity the benefit of my observations to facilitate the ready distinction of the one from the other.

NON-MEDICINAL SYSTEMS OF HEALING.

BY W. A. BURR, M. D.

1. What are the two great divisions of therapeutic methods now used for the cure of disease?

(1) Systems of healing where medicines are not used.

(2) Systems of healing where medicines are used.

2. What are the principal systems of healing where medicines are not used?

Hydrotherapy, thermotherapy, mechanotherapy, electrotherapy, climatotherapy and suggestion (mind cure). Faith cure may also be mentioned.

3. What are the various systems of healing where medicines are used?

Organotherapy, serumtherapy, antipathy, allopathy, isopathy and homeopathy.

4. Then what are the principal systems of healing in use to-day in tabulated form?

Non-Medicinal—Hydrotherapy, thermotherapy, mechanotherapy, electrotherapy, climatotherapy, suggestion (mind cure), faith cure.

Medicinal—Organotherapy, serumtherapy, antipathy, allopathy, isopathy and homeopathy.

5. What are the three methods of combatting disease of which physicians avail themselves?

(1) The prevention of disease.

(2) The palliation of disease.

(3) The cure of disease.

Any one or all of these methods may be used in all the systems of healing, non-medicinal as well as medicinal.

6. How wide is the range of the prevention of disease?

It includes eevrything known to physiology, sanitary science and hygiene, as well as all that pertains to bacteriology, asepsis and antisepsis, and all else that influences disease that comes to the knowledge and is in the control of man.

7. How extensive is the palliation of disease?

This applies to everything of a harmless nature that

soothes and allays the pain and severity of disease, whether it be the use of medicines or other remedial agents. The curative agent is often the best palliative, as many homeopathic physicians can testify.

8. What is the limit to the means used for the cure of disease?

There is scarcely no limit for this is the aim of all true systems of healing. The genuine physician will be very thorough in his knowledge of the human body in health and disase, and will be very careful to apply the best curative means known to man, without bias or prejudice, in each individual case.

9. What is hydrotherapy?

The use of water in treating disease.

10. To what extent has hydrotherapy been used?

Very extensively in all ages and by all schools of medicine, and at the present time more than ever before.

11. What are some of the common methods of using the water?

In the various temperatures, general baths, baths in the surf, in hot springs, in bath tubs, shower baths, vapor baths, ordinary sponge baths and others.

Also partial baths, as sitz baths, foot baths and local applications, hot or cold.

These are all used from time to time by both physicians and surgeons everywhere.

12. What may be said of the use of cold water as an antipyretic agent?

This was first done in England in 1797 by Currie, previously an American merchant. This use of water in fevers is coming to be extensive in America, but it should always be with great caution, lest great harm be done. The same care is necessary in the of applications.

13. What is thermotherapy?

Treating disease by the application of heat. Dry heat is generally used.

14. How is the heat applied?

Usually by means of air heated with electric heat generators. A local use of dry heat may be made by a great variety of dry and hot applications.

15. In what complaints is the dry heat generally used?

In gout, rheumatism and rheumatoid affections, but it may be profitably used in a variety of conditions, especially where pain is present. Nearly all physicians make more or less use of it.

16. What caution is to be observed in the hot air treatment?

To avoid the development of nephritis, which has resulted in some cases.

17. What is mechanotherapy?

The treatment of disease by mechanical means, especially by massage and Swedish movements (Dorland).

18. What mechanical means have been used to cure disease and preserve health?

A great variety of gymnastic exercises have been devised and a multitude of appliances invented. These are made use of, in at least some degree, by the profession everywhere in the treatment of disease and for the purposes of retaining and improving the health.

19. What comparatively new system of healing is coming into considerable use in our country?

Osteopathy, which Dorland defines as "a system of medimine in which diseases are treated by manipulating the bones."

"Osteopathy is the science of treating disease manually by the adjustment of all parts and organs to their natural relation with each other, thus removing the irritations resulting from their abnormal relations and removing obstructions to the vital forces and fluids of the body, and by stimulating mechanically all organs to their proper functions or inhibiting abnormally active processes or movement of portions of the bodily organism.—Cosmopolitan Osteopath.

20. What position among the systems of healing is osteopathy destined to occupy in future years?

A comparatively subordinate position, unless there be taught in schools of osteopathy a wide range of subjects, including the effects of drugs upon the human body in health and disease.

21. What is electrotherapy?

The treatment of disease by means of electricity.

22. What is the value of electricity in the treatment of disease?

There is a wide difference of opinion among medical men on this subject, but it is generally considered to be of great value when skillfully used.

23. To what extent is it used in the cure of disease?

Nearly all well-educated physicians and surgeons use it in a great variety of ways in their daily practice and find in it a very effective agent for good.

24. What is climatotherapy?

The treatment of disease by a change of climate (Dorland).

25. Of what value is change of climate in the treatment of disease?

The profession lays great stress upon the importance of a change of climate for many diseases, and physicians make careful study of climatology that they may know the climate and locality best suited for each individual case of disease.

26. What is suggestion-therapy?

The treatment of disease by hypnotic suggestion (Dorland).

27. What is hypnotic suggestion?

A suggestion imparted to a person in the hypnotic state by which he is led to believe certain things contrary to fact or induced to perform certain actions (Dorland).

28. What is generally considered among physicians to be the therapeutic value of suggestion?

More and more value is attached to it year by year. It is used by all physicians, though unwittingly, and should be thoroughly studied by every one practicing the healing art.

29. What is the mind cure?

"An alleged method of healing based upon the assumption that all bodily diseases are due to abnormal conditions of mind and can be cured by putting the sick person into a normal mental condition through the direct action of the mind of the healer upon the mind of the sick."—Standard Dictionary.

The attempted healing of Christian Scientists is a species of the mind cure.

30. What is the value of the mind cure, and to what extent is it used?

All physicians recognize the existence of mental diseases and the power of the mind over the body, and endeavor to make use of such measures, including suggestion, as are most effective in curing them.

31. What is the faith cure?

The cure, or attempted cure, of diseases by exercise of faith on the part of the patient, the consideration of which belongs more to the domain of theology than medicine.

32. What is the relation of these non-medicinal methods of healing to homeopathy?

Their value and importance are recognized by all homeopathic physicians and surgeons, who carefully study them and make use of them wherever needed and found practicable.

ELECTRICAL TREATMENT OF PHTHISIS.

Lagriffoul and Denoyes (Archiv D'Electricite Medicale) have shown that in the case of tuberculosis lesions experimentally produced in the guinea pig, the action of high frequency currents is to retard or greatly mitigate the development of the disease. In the untreated animals which were used as control, the lesions revealed post mortem were much more extensive and more advanced than in those treated electrically. The treatment was effected both by auto-conduction and the "effluve," and of the two they found more benefit to follow the effluve moderately applied. Chisholm Williams (British Medical Journal), in a paper on the treatment of phthisis by currents of high frequency and high potential, gives the results of the method as applied to forty-three severe cases of pulmonary tuberculosis in the human subject. Of these forty-three patients, forty-two put on weight and lost all symptoms, except in some few a slight cough. The average duration of the treatment was three months, and the sittings were from ten minutes per diem upwards.—Pacific Coast Journal of Homeopathy.

CHRONIC URETHRITIS.

Urethritis is an inflammation of the urethra and may vary from a mild catarrhal secretion to a severe purulent discharge. All varieties are more or less contagious and can be transplanted upon other mucous membranes. When the disease occurs in one of a psoric diathesis it very easily becomes chronic, especially if with this tendency to chronicity certain conditions are permitted. Contributing causes are the use of chemical, thermal or mechanical agents in the urethra, at least during the active stage. Use of alcoholic liquors, especially malt liquors, venery, onanism, squeezing the urethra to force out the discharge, local protective dressings that keep the parts too warm or that press upon them. Dr. Wilson A. Smith requires his patients to abstain from sexual intercourse for a period of four months from the cessation of the discharge; he reports that not a single patient who has followed his directions has shown a gleety discharge.

Urethritis, especially that form we term specific or wrongly call gonorrhœa, Greenough says, "does not, in the majority of cases, tend to resolution and a return to a healthy and normal condition." Grauvogl wrote: "Sycosis is a life inheritance more serious than complicated syphilis." We recognize, as well as our allopathic friend, the great tendency of this disease to become chronic, but we do not all realize the truthfulness of Grauvogl's statement. Closing our eyes to sycosis because not appreciated by those who can see only the bug under their microscope, we follow, the blind leading the blind.

Let me call your attention to the fact that contagion is possible as long as stricture of the urethra is present, as long as a specific inflammation of any of the genito-urinary organs remains or the tripperfaden is found in the urine. That the disease is not stamped out as long as the sycotic influence remains in the system, though all local conditions and contagion may have disappeared. Our error is largely due to considering specific urethritis a local disease when we should consider all cases of urethritis, from the simplest to the gravest as a condition liable to be followed by the gravest results, if suppressed or carried from the anterior urethra into the more internal parts.

One of the most common accompaniments of chronic urethritis is urethral stricture. To this condition we are expected to-night to devote our special thought. What shall we do if stricture presents itself? Should we advise our patients to run the risk of death from a urethrotomy, with a possible return of the contracture, shall we use eletcricity or shall we use our remedies? We always advise one or both of the last two methods, never the first. With remedies we have seen marked improvement. With remedies and electricity we have secured complete absorption of the stricture. The majority of our patients want rapidity of relief with certainty of cure. This can only be secured by electrolosys for the stricture and the indicated remedy for the constitutional condition. Electrolosys alone will relieve the stricture, but proper exciting cause will produce another stricture.

Organic strictures located in any part of the body can be successfully absorbed by electrolosys. Faulty technique will produce failures. Proper technique produces perfect results. Without doubt the best method of operating is that of Dr. Robert Newman of New York. In his thirty years' experience over 2,000 cases have been treated without a single failure, or death due directly or indirectly to the operation. Some seven years ago the doctor published a compilation of 1,775 successful cases from the reports of fifty-four different operators.

Our sucess has been certain when we have stirctly followed Newman. Our poorest result was in an old sinner that had seven strictures that had been previously improperly treated by electrolosys. Internal urethotomy had been resorted to on two different occasions and the external method once. The patient would persist, as soon as improvement was marked, to expose himself to a fresh exposure to the specific variety; this and his excessive venery and drinking habits caused us to discharge the case, benefited but not cured.

In electrolosys remember that weak currents will absorb, while strong currents cauterize and destroy tissue. Remember that the positive pole produces very easily an eschar of a markedly contracting nature, that the negative pole produces an eschar only with a very strong current and that this resulting cicatrix is soft and non-contractile. The galvanic current

always excites and increases a spasmodic stricture. It is necessary, to be successful with our electrolosys, that we have an organic stricture, and unless we know what we have, we cannot be certain of our results. Having an organic stricture, free from all acute conditions, a proper galvanic battery and electrodes, you can properly apply the current and guarantee the result. Use the negative pole only in the urethra, starting the current as soon as the electrode engages the stricture and increasing the current until the patient feels a warm and slightly pricking sensation. At no time must there be any force applied, as dilation is to be secured entirely by absorption and not by mechanical force. As soon as through the stricture reduce your current. In this way you can pass through one stricture after another and then the electrode is withdrawn, it readily returning through each stricture by holding it against the obstruction. One entrance and one return are sufficient for one sitting. Treatments should not be made oftener than once a week. During the interim between treat ments your patient can attend to his daily occupation, though you should restrain him from habits that are contributing factors in the disease.

Often when you pass the sound through the stricture you will find the urethra to be covered with some granulations, which will be benefited by from two and one-half to five milliamperes of the current that you are using.

We are rapidly exhausting our time without saying anything about the more important question of the internal treatment. Here, as elsewhere, we have found the single dose and the minimum potency to work like magic when we gave the indicated remedy. In our selection we pay greater attention to the constitutional peculiarities than we do to the character of the discharge.

Many a case under the action of Medorrhinum has entirely cleared up or has developed into a well-marked case for some other remedy. We use it in long drawn out cases showing no special indication or the indications are common to a number of remedies without any preference.

Sepia has proven very useful in persons of Sepia temperament, when the discharge is so slight as to be noticed only

on the night clothing or by the glueing of the meatus in the morning.

Agnus castus comes in beautifully for old sinners who are reaping their reward in loss of sexual power and desire. The penis will be cold and shrunken.

Graphities has a gluey discharge; the patient is always cold; always expecting something awful to happen. Skin is of a decidedly unhealthy appearance.

Calcarea carb. patient is inclined to grow fat; shows a psoric condition; sweating about the head is marked. Works best after Sul.

Thuja discharge is like that of Puls., only thinner. Thuja sweating is most marked on the uncovered parts. The remedy is more frequently needed in the sycotic constitutional effects than any other. When a chronic urethritis disappaears without apparent cause, look up Thuja. When the sycotic warts or condylomata appear, think of this remedy.

Other remedies that we might call your attention to are Hyd., Kali mur., Nat. mur., Nit. acid, Petrosolinum, Phos., Phos. acid, Pul., Sul. and others.

TREATMENT OF MALIGNANT GROWTHS BY THE X-RAY.

William J. Morton reports the progress made in the treatment of eight cases. He concludes that by this means of treatment we accomplish. 1. Relief from excruciating pain and constant suffering, often immediately; 2, reduction of the size of the new growth; 3, establishment of the process of repair; 4, removal of the odor, if present; 5, cessation of the discharge; 6, softening and disappearance of lymphatic nodes; 7, disappearance even of lymphatic enlargement not directly submitted to treatment and often quite distant; 8, removal of the cachectic color and appearance of the skin; 9, improvement in the general health; 10, cure up to date of a certain number of malignant growths. The uncertainties and dangers of the method are found in the absence of a definite measure of the dosage; the possibilities of a burn or of gangrene. There is present the difficulty of ascertaining when the danger point is reached.—Medical Record.

A CASE OF CANNABIS INDICA POISONING.

R. O. BUTTERFIELD, PH. D., M. D.

I was called rather hurriedly from my dinner on the evening of January 24, 1902, the messenger saying that a lady had taken an overdose of medicine and that it was impossible to get their family physician. The only other information that the messenger could give on the way to the house was that the patient had made a mistake of bottles and instead of taking three dops, as the label directed, had taken a teaspoonful, and possibly two, thinking that it was another medicine.

The label gave no clue to the contents of the bottle, but from the odor I thought the drug was tincture of Cannabis indica, and sent the bottle to the pharmacist who had filled the prescription. He sent back word: "Fl. Ext. Cannabis indica."

In the meantime the patient had received two hypodermics of apomorphine 1-10 grain each, with an interval of ten minutes between, and had drunk about a pint of warm mustard water, with the only result that she said the water felt nice and warm. As the pulse was very weak and slow, and believing it impossible to get an emesis, I gave a hypodermic of Nitroglycerine 1-100 grain, and followed it with one of Strychnia sulphat 1-30 grain. After an hour the Faradic current was brought into use, and its use continued throughout the night at frequent intervals, but it was necessary to use the Strychnine every half hour until 4 a. m.

Although the house was well warmed by a furnace, the patient was very cold, her teeth chattering between spells of silly laughter. She was sitting in front of the open door to the oven of the kitchen range in which a hot fire was burning. Her temperature, taken under the arm a little later on, was 96. At first the patient seemed to be laboring under considerable mental excitement, was apparently very self-conscious, kept making little remarks of no importance, yet laughing over them for one or two minutes at a time, as if they were very witty. Later the mind was more quiet and the patient in-

clined to be drowsy, if not kept answering questions or walking about the house. Every few minutes the patient would ask the time, although a clock stood on a shelf in plain sight, and kept remarking that or this thing had happened so many house ago, while in fact only a few moments had elapsed. After walking through the rooms, she would say that she had been walking for hours. Space seemed to be increased to her. She thought the piano in the parlor was several blocks away, as she looked at it through the sitting room from the dining room. The patient was dizzy all night long and had to be assisted on rising from her chair or in walking. There was a bad headache, with the sensation of the sides of the head being pressed outward, accompanied with ringing in the ears. These symptoms persisted from the time I first saw the patient until about 4 a. m., when they began to decrease. The eyes were blood shot and appeared to be looking off into the distance, as if the owner were lost in thought, yet the face as a whole bore a silly expression. The mouth was dry, with a very little frothy saliva. There was a constant desire to drink, but only a small quantity of water was wanted at a time. There were frequent attempts at taking long breaths, which seemed unsatisfactory; there was almost constant complaint that there was not enough air in the room. At different times during the night there was considerable but unsuccessful urging to stool. Fairly good quantities of water were passed, but with some difficulty.

When first seen, the patient was suffering severe paroxysms of pain in the region of the heart. These kept occurring at intervals of about an hour until almost morning. The patient appeared like one suffering with angina pectoris, clutching at the heart and writhing, while the cold perspiration came out over the face and body. For a short time after the attacks the patient would seem brighter, although after two attacks she collapsed suddenly and the pulse disappeared almost entirely, but was revived each time by a hypodermic of Nitroglycerine and Faradic current, the electrodes placed one over the heart and the other over the back of the neck.

After 4 o'clock in the morning the general condition of the patient improved the temperature rose gradually during the night to normal. At 6 she was permitted to go to sleep, but was aroused in a half hour, and then permitted to go to bed and sleep for an hour, when a nurse that had been secured came and took charge of the case.

The patient was seen again at 10 o'clock in the forenoon, when, after two hours more of sleep, she appeared quite bright and in full possession of her mental faculties, but complained of a steady, severe pain in the heart with the band sensation of Cactus grand., which was given ten drops of the lx in water, after which the pain gradually gave way.

Notwithstanding what the patient had gone through, she remembered nothing of the previous night, although she said that she felt as if she had been asleep and had suffered much pain.

Instructions were left to let me know if the patient grew worse during the day, but no such message was received. I saw the patient the following day and found her much improved.

Coming home about midnight, three or four nights later, I found that I had been called some three hours before for this same patient. I went at once, but found that another physician had been called. He left word for me that he had given two hypodermics of morphine, 1-8 grain each, expecting that I would be there soon. The patient was drowsy from the narcotic, but would be seized every twenty minutes or half hour with a terrible paroxysm of pain about the heart, complaining that the pain was caused by something that squeezed the heart and also the breast so that she could not get her breath. Cactus grand., lx in water every fifteen minutes for an hour gave good results. The next paroxysm came after the second dose and was markedly weaker and shorter. She had only three more of these and each in its turn was lighter.

Some may think that the paroxysms of breast-pang occurring on the night of the poisoning and on this last night were the result of so much Strychnine being used as a stimulant on the night of the poisoning. This, however, is not true as the patient had had these attacks for years before, and had one at the time of the mistake with the cannabis indica was made, thinking that she was taking an anodyne that had been prescribed for this pain.

The cannabis indica had been prescribed for profuse menstruation with little or no success. At the next period the flow was very profuse, bright red, and felt hot as it came away. This was accompanied with bounding pulse, hot, dry skin, and severe pain in the right eye and temple. Belladonna, 3x, gave excellent results at once. The prescription was repeated in May while the cannabis indica had long since found its way to the sewer in high dilution by the route of the sink-spout.

MATERIA MEDICA.

CONDUCTED BY EDWIN J. CLARK, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, DENVER HOMEOPATHIC COLEGE.

THE LAW.

Homeopathy is governed by a law that is as true as the rule of mathematics. That does not mean that a homeopathic physician, however capable he may be, may not make a mistake. One may be thorough in mathematics and yet fail to solve a problem. One may know how to calculate an eclipse and yet make a trifling error some where that will ruin the value of the calculation. It is said that figures will not lie, but I have known many a headache result from trying to make them tell the truth. And so it is with homeopathy. It may be difficult to get the correct result but that does not affect the truth of the law.—H. P. Holmes in Medical Advance.

FRAGARIA VESCA.

Child, age nine years. Always breaks out with a thick eruption of nettle rash after eating strawberries. Not having any potentized Fragaria vesca in my collection of remedies, I took a crushed strawberry, poured the juice into a two-drachm vial, placed the same under the hydrant and allowed the water to run in it for five minutes. Then poured out all but a drop, and filled with eighty-seven per cent. alcohol.. Marked this F. P. (fluction potency), and gave the child one dose. He has eaten strawberries ever since without any trouble following, now three years.—R. F. Rabe in Journal of Homeopathics.

VACCINE.

To begin at the beginning:—Do the vaccinated take smallpox? Certainly, in many thousands of cases. On this point it

is enough to adopt the words of the dissentient report of the late royal commission: "It is superfluous to cite further evidence at this stage to prove what is no longer denied by anybody, that smallpox attacks the vaccinated." But supposing a place to be well vaccinated, can smallpox prevail in that place? Certainly. The year 1888 found few places in England more thoroughly vaccinated than Sheffield. Between 1876 and 1888 Sheffield had earned £2,603 of bonus over and above the ordinary fees for the excellence of her public vaccinations. That was the bonus of thirteen years, and in the thirteen months' epidemic of smallpox in 1887-88, Sheffield reaped her reward of 6,088 cases of smallpox. And five years later unvaccinated Leicester had her turn—the Leicester against which all the vials of medical prophecy had been poured out for many an expectant year. And while in Sheffield 192 persons were attacked in every 10,000 living there, in Leicester the attack rate was but nineteen per 10,000 of the population, so that the man in the street in well vaccinated Sheffield had just ten times the chance of taking smallpox as had the inhabitant of almost unvaccinated Leicester.—Alfred Milnes.

IMPROPER REMEDIES.

There are some danger signals that a careful prescriber needs to know in order to do the best work with incurables. There are two classes of symptoms in all cases of advanced tubercular and suppurative cases, viz.: toxemic and constitutional. In most instances, the former are present in the advanced stage of suppurating phthisis. The chest pains, the mind symptoms, the dreams, the hectic fever are toxemic symptoms. These may generally be subdued by any remedy that conforms to the totality of such symptoms, and the patient is therefore palliated and for the moment made comfortable. Hence it is that Phos. becomes the most effective remedy when the intense hectic fever, red cheeks, delirium, burning thirst and dreadful racking, shaking cough are present, but in this instance it should be repeated. Likewise, when

a patient is not in the midst of a toxemic exaccerbation he may receive this remedy when it is suitable to his mental symptoms and no harm come to his chest symptoms, but if the remedy happens to be precisely similar to his state, corresponding to both mental and bodily true constitutional symptoms, such as were present before the tubercles were formed in his lungs, it will surely be found that he will be shaken to the centers, which in his feeble vital state he cannot stand.—Kent.

Combinations of homeopathic remedies are advertised by some pharmacists styled homeopathic. The combinations are prepared from potentized and unpotentized drugs and "while the potency is given, the proportionate quantity of each remedy entering into the combination is withheld, thus precluding any possibility of successful imitation." It is said that "so popular have these tablets become that a number of unscrupulous pharmacists have been guilty of attempting their imitation."

"To the progressive physician whose chief aim is the relief of human suffering by the institution of such measures, according to the law of similibus curantur, as will afford prompt and permanent restoration to health," combination tablets contain no charm, as he knows that he cannot give unknown quantities of an unknown substance except in an unkowing manner. I say uknown substance, for no one knows what will be the result of the mixing of one drug with another unless they follow the Hahnemann method and prove the mixture. One who is ignorant of homeopathic principles can be excused for using these confessions of ignorance, but it seems to me that a physician of ordinary intelligence ought to have pride enough in his work to repudiate these unscientific combinations from the devil, these incentives to laziness and inexact prescribing and using the single remedy of homeopathy learn to climb, step by step, to the heights of a Hahnemann, a Boenninghausen, a Dunham, a Herring or to that of any other physician who is endowed with brains enough to do his own thinking.

While we have no use for the unscientific and unhomeopathic alternation of remedies, we think more highly of the man with brains enough to make his own combinations or alterations than the one that prescribes combinations that "preclude any possibility of successful imitation." The man that prescribes these partly secret affairs is very much like the sea captain who, having to prescribe for one of his sick seamen, after studying his book, decided that No. 14 was the remedy, but on going to the medicine chest found that the vial was empty. After a careful study of the situation he gave a dose of No. 4 and of No. 10 because they made 14. These same prescribers who use up their gray matter trying to decide as to whether the patient shall have Nos. 1, 33, 34, or 35 will yell loudly at the patients doing their own thinking and going to a drug store and buying Carter's pills or somebody's homeopathic (?) specific.

The high opinion that the pharmacist has of you is shown when he says: "The true homeopath objects to this." Ah, my friend, do you desire to be classed with his deluded patrons as a false homeopath using false homeopathic remedies, or will you prescribe as a "true homeopath." One would think that gratitude alone would prevent his planting his foot so decidely against your anatomy.

A student on leaving college should take for his ideal some bright and shining mark, some giant in the healing art, not some pigmy from the rearmost rank. How many of our great men were combination tablet prescribers? If he takes a giant as his ideal he will grow in stature, but if he takes a pigmy he will shrink and dwindle until he cannot prescribe as successfully as some of his patients. We once were so lazy that we used combination tablets, but our eyes were opened by a patient and we immediately quit our meanness and have ever since been doing our best to do our own thinking and practice "pure homeopathy."

It causes a homeopath to smile to read that the combinations are due to an "absolute impossibility to differentiate between two or more remedies," and then to look over the list and find remedies used in the same mixture that a first year materia medica student ought to differentiate between. A

thirstless and a thirsty remedy together, a restless and a quiet one; a purely antipathic mixture designated as homeopathic because the drugs have been triturated you can secure the same mixture from almost any reputable allopathic pharmacy and know what proportion of each drug you are getting. Coal tar makeshifts, Opium and Strychnine in mixtures where you know not the quantity given, and cannot tell when to look for poisoning symptoms and doubtless would not recognize them if they should occur. If you must prescribe mixtures, prescribe only those that the manufacturer is willing to tell what they contain, or make your own dope.

EDWIN JAY CLARK.

KOCH AND THE CONSUMPTIVE COW.

Theoretically you're great,
Dr. Koch.
But I much regret to state,
Dr. Koch.
That your theories were found,
When examined, to abound
In but little else than sound,
Dr. Koch.

Your hypotheses have lacked,
Dr. Koch.
Certain elements of fact,
Dr. Koch.
And, to be more specific,
Such a course is most prolific
Of results unscientific,
Dr. Koch.

It was not so long ago,
Dr. Koch.
That you stated, dont you know,
Dr. Koch.
A consumptive cow bacillus,
Though we ate it, would not kill us,
With that rot you tried to fill us,
Dr. Koch.

The consumptive cow, you said,
Dr. Koch.
Should occasion us no dread,
Dr. Koch.
We could live with her and thrive,
Drink her milk and still survive,
Eat her meat and keep alive,
Dr. Koch.

'Twas a pipe dream, nothing more,
Dr. Koch.
And we're feeling slightly sore,
Dr. Koch.
For it seems your diagnosis
Was intended but to dose us
With bovine tuberculosis,
Dr. Koch.

But we're very glad to state,
Dr. Koch.
That we didnt take your bait,
Dr. Koch.
Although you were certain, very,
We remained a trifle scary
Of your knowledge pulmonary,
Dr. Koch, Dr. Koch,
Which is why on earth we tarry,
Dr. Koch.

—J. A. Edgerton.

A WAG IN WASHINGTON.

A recent visitor to Washington lightly touched the dominant note in politics and passed in laughter out of sight. During a morning promenade he earnestly accosted a native:

"You see those statutes all bunched together between Sixteenth street and Massachusetts avenue?"

"I can make out Webster and Scott, but who is the fellow in green clothes?"

"Oh, you mean the Hahnemann statue."

"Yes, they told me it was a Hanna man but who?—Youth's Companion.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
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EDITORIAL COMMENT.

CORRECT HOMEOPATHY.

The homeopath who qualifies any of his or her assertions with an exception as regards the absolute reliability of homeopathic remedies to cure—where they are indicated—has neither back bone or a correct idea of the principles of similia. Dr. C. E. Fisher, in the Homeopathic Journal of Pediatrics, has this to say upon the subject of "Correct Homeopathy:"

"A correct homeopathy is a scientific procedure, a careful individualization, a rifle-shot directing of medication, a precise, accurate, successful adaptation of the right remedy in each individual instance, and not a wholesale adoption of supposed specifics which have no proven value and no pathogenetic outlining upon which we can work unerringly. I look upon it as lamentable and thoroughly inconsistent that we should continue to hold and justify homeopathy as a separate and deserving system of practice and yet hold that the best it can do is to cure everything pretty well but diphtheria, everything pretty well but pneumonia, everything pretty well but typhoid fever, everything pretty well but epilepsy, everything pretty well but syphilis, everything pretty well but pain, and so on down the list, according to the individual notions, weaknesses and unbeliefs of individual practitioners."

HOMEOPATHY GOOD FOR THE AGED.

The idea that homeopathy will do for infants and children, but that adults need more powerful medication is still the belief among quite a proportion of the laity. Is not this sentiment due to the fact that adults of middle life are more able to endure overdosing than are children?

Old age is another period in life when too strong medicines are especially injurious. As a consequence the homeopathic system of medication is well adapted to persons of advanced years. Homeopathic physicians often observe this to be the case. The slight ailments of old age may be removed by the mild remedies of homeopathy, and the more grave diseases prevented, thus preserving the comparative good health and prolonging the lives of the aged. It is the common observation of all physicians that too much medicine brings a person to a premature old age. While the milder medication is good for all ages, it is especially well adapted to the extremes of life.

Few persons of advanced years are without at least some traces of disease, unsanitary surroundings and bad hygiene, to say nothing of the various infections with which every one necessarily comes in contact during life, leave an impress of disease on the system which only a careful medication can remove. B.

RUNNING DOWN THE OTHER SIDE.

When I hear a machine agent trying to win a customer by claiming all kinds of defects about his competitor's goods, it reminds me of a neighbor lady whose sister had just given birth to twins. She said: "Well, I wanted you to employ a homeopathic doctor, and this is what you get for calling in an allopath. Next time you will listen to me."—Uncle Silas in the American Thresherman.

"Do you think perfection is ever actually attained in this life?" asked the serious youth.

"Yes," answered Miss Cayenne; "some people have become perfect bores."—Washington Star.

NEWS NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

God helps him who helps somebody else.

Massachusetts has one physician for every 625 inhabitants.

Common sense is not so common but what it attracts attention whenever exhibited.

Dr. Luther J. Ingersoll has perfected a unique pair of scissors for operations upon the rectum.

The startling news of a new serum discovered by a Paris doctor, one Dr. Doyen, for those afflicted like Job. Next!

The annual session of the Detroit Homeopathic College opens September 23, 1902, in their new and commodious buildings.

Dr. C. N. Hart and wife returned from a trip of several weeks' duration the latter part of last month.

Dr. and Mrs. Tennant's trip to the coast was so thoroughly enjoyed that they will try it again some time in the future.

Dr. N. G. Burnham and wife made a visit to the Northwest last month, visiting Portland, Oregon, and Long Beach, Washington.

"Coquettes are the quacks of love," says La Rochefourauld, and he might have added that they always advertise themselves thoroughly.

Dr. Frederick A. Faust of Colorado Springs has removed his office to 114 East Monument street. Residence, 116 East Monument street.

The New York Homeopathic Medical College and Hospital opens September 30, 1902. William Harvey King, M. D., LL. D., is the dean.

A new remedy for intermittent fever is "Arrhenal," discovered by Professor Armand Gautier, a French chemist, claimed to be a specific.

It is asserted that many women would laugh at the funerals of their husbands if it were not the custom to weep, so don't get too gay, boys.

Dr. William L. Hess, formerly located in the Nevada building, has removed to the California building. Eye, ear, nose and throat is his specialty.

Prof. A. C. Cowperthwaite was elected president and Dr. W. M. Stearns, dean, by the faculty of the Chicago Homeopathic Medical College.

John Carl & Sons, manufacturers of Imperial Granum, are presenting the profession with a very excellent ivory finished statuette of Hahnemann.

Dr. E. C. Gray of Spokane has been elected president of the Washington State Board of Medical Examiners. He is the only homeopath on the board.

The Ross Drug Company, doing business in the California building until quite recently, is now located in the new Adams house, corner of Eighteenth and Welton.

Nearly all of the prominent homeopathic physicians of this city will be out of town during the meeting of the state society, which convenes at Pueblo the 17th inst.

Dr. J. Wylie Anderson, business manager of The Critique, spent several very pleasant days the latter part of August with Mrs. Anderson and the children on the ranch.

In the change of telephone numbers, owing to improvements in the York street service, Dr. Mastin's house phone will hereafter be Race 544 instead of York 482-B.

Dr. Grant S. Peck and family had a pleasant time at Glen Park for a few weeks last month. The doctor is back to work again now and is in excellent health.

We learn that Drs. Welch, Kinley and Hart have been appointed on the surgical and medical staff of the new emergency hospital, to represent the homeopaths.

The thirty-first annual announcement of "old Pulte" is at hand, and gives evidence of the continued prosperity of this worthy institution located at Cincinnati, Ohio.

Dr. David A. Strickler returned from his trip to the north the latter part of last month very much improved in health and reports having had a delightful time.

Dr. Emma F. A. Drake spent the latter part of August and a few days of the present month in Boston and other eastern cities. She returned to Denver the 10th of September.

The announcement of the Denver and Gross College of Medicine, session 1902-1903, gives the population of Denver as being about 200,000. Dr. Robert Levy is secretary and Dr. S. G. Bonney, dean.

Don't forget that the opening lecture of the ninth annual course of the Denver Homeopathic Medical College will be given by Dr. Ambrose C. Stewart, the evening of September 18, 1902, at the college.

Dr. C. R. Enos of Jerseyville, Illinois, father of Dr. C. W. Enos of this city and Dr. Clinton Enos of Brighton, is past eighty-seven years of age and still attends to a large practice in his city.

Professor Lannelongue, the French authority on appendicitis, says the ancient Egyptians suffered with it and were operated on in the days of the Pharaohs, as can be proven by an examination of mummies.

Dr. H. F. Garey of Baltimore, Maryland, has invented a machine based on the application of compressed air which produces a movement like massage, and claims by the use of it to restore sight to the blind.

The Homeopathic Recorder is responsible for the statement that "When the lady standing in a street car accidentally dropped her handkerchief in the lap of a short-sighted man, he blushed and hastily tucked it away."

The Hering and Dunham Medical Colleges have merged and will be known as the Hering-Dunham Medical College and Post-Graduate School of Homeopathics. The Critique extends congratulations to the new Hering-Dunham.

The Alumni News Letter, T. E. Costain, editor, is about as newsy as it is possible to make such a publication. It represents the Chicago Homeopathic Medical College and tells all about, we should judge, the alumni of this institution.

A French scientist, Dr. Baudoin, has made a discovery whereby he can condense wine the same as milk, reducing a barrel to four gallons. When water is added in proper proportions the most precious of wines recover all their subtle aroma.

Two patients in the insane ward of the Arapahoe county hospital—heretofore considered incurable—have quite recently been discharged from this institution completely cured, and all this under homeopathic treatment of but brief duration.

Dr. E. Benjamin Andrews has discovered a sure cure for heart disease and it is play football. Our advice to E. Benjamin is to confine himself to old maids and bachelors, telling them how to be good. It will pan out more successfully.

Do you wish to know all about any given subject, medical, legal, personal or of whatever nature, send to Henry Romeike, 110 Fifth avenue, New York, oldest clipping bureau in the United States, and join the same. They attend to business.

The Critique desires to acknowledge receipt of the Hahnemann Periscope, the official organ of the student body of Hahnemann Medical College of the Pacific. It is well printed, ably edited and liberally patronized—what more do you want?

If any one doubts the fact that there is being published in Denver a thoroughly first-class magazine devoted to all kinds of outdoor sports, they should secure a copy of Outdoor Life. It is as good as a week's vacation in the woods to read it.

A new disease, sure, this time. Dr. J. O. Cobb of the marine hospital service has discovered that the so-called "spotted fever" of the Rocky mountains is confined to the Bitter Root valley of Montana, and is caused by persons being bitten by ticks.

Mr. Herbert Enos and Miss Grace are two Denver young people, son and daughter of Dr. and Mrs. C. W. Enos, who will attend schools outside the city during the coming year. The former goes to Columbia School of Mines and the latter to Wellesley.

Dr. and Mrs. O. S. Vinland are to be congratulated upon the arrival of an eight-pound son and heir, which event occurred the forepart of last month. The class of '98 feel a just pride in this affair, as both father and mother Vinland were popular members of that organization.

Dr. Floyd J. Nutting, formerly of Los Angeles and now settled at Searchlight, Nevada, has started a pharmacy of his own at this promising little mining camp.—Pacific Coast Journal of Homeopathy.

Dr. Nutting is one of the graduates of the Denver Homeopathic College, whom his friends delight to hear of as doing well.

Dr. Ambrose C. Stewart, says the Denver Critique, had such heart trouble that it took a handsome young lady and a minister to fix him up. Who says "divine healing" is a complete failure? We join the others in heartfelt good wishes for prosperity, happiness and long life. —The Medical Visitor.

As an example of the effect which the Sunday illustrated supplement has upon the young and rising generation, we desire to relate the following:

Harold (saying his prayers)—"God bless mama; God bless papa; God bless um—um—um and don't forget 'foxy old grandpa.' "

Bismark's physician says medicine is not a science, according to the North American. Dr. Schweininger says of medicine of to-day: "Fashion and method reign supreme, while medical history is almost forgotten.' Fashion in everything—the food we eat, the stimulant we drink, the diseases we have, the churches we attend, etc.

Dr. T. C. Duncan of Chicago, for many years one of the best-known homeopaths of that city, died on the 16th. Dr. Duncan was a busy practitioner, an experienced teacher, a contributor to the periodical and permanent literature of the school, and with it all a man of genial, kindly disposition.—Pacific Coast Journal of Homeopathy.

The Christian Scientists are erecting, at the corner of Logan and Fourteenth avenues, the most artistic church, architecturally considered, in the city of Denver. We are informed that when completed it will be free from debt. This is a unique feature in church erection among the various demoninations and is worthy of emulation.

The very latest is balloon excursions for sickly persons. Dr. Naugler of Paris asserts that balloon ascensions acts on the human system as a mighty tonic, increasing the red corpuscles in the blood, and that the condition persists for ten days after an ascention. Five such excursions, he claims, are more beneficial than a sojourn of three months in the mountains. Sure cure for consumption.

Dr. and Mrs. B. F. Baily of Lincoln, Nebraska, paid their respects to The Critique the 4th of the present month. They had been sojourning in the mountains for some little while and both gave evidence of having enjoyed their vacation very much. Dr. Baily is one of the most prominent homeopathic physicians of this western country and has the distinction of being ex-president of the A. I. H.

Dr. Martin Deschere, one of the most prominent homeopathic physicians of the city of New York, in fact of the entire country, died at his home in New York City July 21, 1902. He was a professor of children's diseases in the New York Homeopathic Medical College, a senior in the American Institute and it is said that "his homeopathic prescribing was an accomplishment few men ever attained." The homeopathic world has sustained a great loss by his death.

The Medical Department of the University of Denver and the Gross Medical College have merged. This should be a very strong institution of its kind, there being enough physicians of that belief to complete the faculty who will serve without using first year graduates, who are wholly without practical experience, to fill the various chairs. The faculty consists of ninety-one professors, associate professors, lecturers and assistants, with eleven emeritus professors, making a grand total of 102.

Dr. Frona Abbott, who has been absent from the city for nearly a year pursuing her medical studies in Vienna, returned to Denver the 20th of last month. Notwithstanding the fact that she had but recently recovered from a severe siege of typhoid fever, she was looking well and expressed herself as being highly delighted to get back. Dr. Abbott is anothr graduate of the Denver Homeopathic whom it is a pleasure for her friends to know has adopted the Denver motto of "forward," and they have no fear but what she will eventually get to the front.

Kansas City has heretofore been blessed with three homeopathic colleges. Two of the colleges, realizing that in union there is strength, have combined forces. The Kansas City Homeopathic Medical College, after fourteen years' separate existence, and the Hahnemann Medical College of the Kansas City University, after seven years' existence, have surrendered their charters to the new institution, to be known as the Kansas City Hahnemann Medical College. Dr. Sam H. Anderson is the dean, and the "ablest men in both faculties" furnish the new college with a faculty of thirty-six members.

The tendency of the homeopathic colleges is to become more and more homeopathic. In every college there is noticed a sloughing off of those who are lukewarm in their advocacy of drug homeopathy. The prescriber of compounds and combination tablets is slowly but surely seeking his level and in less than ten years it will be difficult to find any one who is not a firm believer in and competent practitioner of homeopathy in the teaching corps of any homeopathic school. The election of Dr. Cobb to the presidency of the American Insitute, one of the staunchest homeopaths of the West, is but a straw indicating the trend of the great national body. It will not be long until the sign may be read "None but a homeopath need apply." Heaven speed hte day.—Medical Visitor.

As showing the amity existing between the two schools of medicine and the liberality (?) of the old school, we recite the facts as printed by the North American Journal of Homeopathy for June, that homeopathic graduates from reputable colleges were discourteously refused admission to the advantages of post-graduate study to be ob-

tained at the Medical School of the University of Pennsylvania, and also a leading allopathic institution of New York City, and that because the Jamaica, New York, hospital gave to homeopathists equal privileges, the gentle and tolerant allopaths resigned in a body.—Minneapolis Homeopathic Magazine.

The following postal card communication explains itself. We are obliged to say, however, that just about this date "we have doings" in Colorado, but are pleased with the courtesy extended just the same:

New York State Homeopathic Medical Society,
Office of Secretary, DeWitt G. Wilcox, M. D.
597 Elwood Avenue, Buffalo, N. Y.
August 26, 1902.

My Dear Doctor—Do not forget that we are all going to Utica September 16th and 17th to see the "Utica fellows" and attend the semi-annual meeting of the New York State Homeopathic Medical Society. They say it is going to be one of the greatest meetings ever held. Don't miss it. Program will be mailed September 10th. Yours for Utica, DEWITT G. WILCOX, Secretary.

Arthur Burnham, son of Dr. N. G. Burnham, was taken from a train at the Union station yesterday afternoon violently insane. A messenger was sent for the young man's father, but the latter is in California and Dr. A. A. Clough, city health inspector, and an old friend of the family, was sent for. Dr. Clough secured commitment papers for his admission to the insane ward at the county hospital and the ambulance was sent to the depot for the young man.

Mr. Burnham was born in this city and spent his early life here. A few years ago he removed to St. Joseph, Missouri, where he has a wife and family. He has been feeling ill for a short time and it was thought a trip to his old home in this city would be of benefit to him. The attack of insanity developed while he was on the train and it was necessary to place bonds on him to prevent his doing injury to himself and others.—Republican, August 22.

The many friends of Dr. Burnham will be glad to know that since returning home the young man has greatly improved.

The corner stone of the J. Lewis Crozer Homeopathic Hospital of Chester, Pennsylvania, was laid with appropriate ceremonies July 17, 1902. The Hahnemannian Monthly, speaking of this important event, says:

"The late J. Lewis Crozer provided in his will for the erection of a home for incurables and a homeopathic hospital, endowing these institutions with $500,000. After his death, his widow proceeded to carry out the plans of her husband, but has not touched a cent of the orig-

inal endowment. Out of her own fortune she purchased the thirty-six acres of land on which the institutions stand the home has been erected and has been maintained for several years; the hospital is now being built, and the original endowment of one-half of a million dollars still remains intact, and has been accruing interest all the time.

"As the cost of the purchase of the land and the erection of the buildings has not in the least affected the amount of the endowment, the sum as it now stands is believed to be amply sufficient to operate these noble charities for all time."

Colorado Springs, Aug. 18.—Rudolph Zunstein, who left this city a year ago to accept a position as a teacher under the government in the Philippine islands, died at Manila Thursday morning, July 17th. His death was caused by cholera. Zunstein was one of two men selected by President Slocum of Colorado College to go to the Philippines. He was stationed at Nazcarlang, Laguna province. Before leaving Colorado he became engaged to Miss Jeanette Williams of Denver, a student of the State University. Miss Williams graduated from the university last spring. She started immediately for Manila. She found her betrothed very ill. The morning after she arrived he suffered a relapse and the doctors gave up hopes. At 8 o'clock that morning a minister was summoned to the bedside and the sick man and Miss Williams were pronounced husband and wife. Five hours later Zunstein died.

Zunstein was graduated from Colorado College in 1900, taking the highest honors of class, although he was the youngest member. He was born in Berne, Switzerland, twenty-three years ago. His parents came to this country when Zunstein was an infant. He was prominently connected with the Y. M. C. A. while in this city. The remains will be interred at Manila.—Times.

The lady referred to in the above was Miss Jeanette Bueta Williams, who graduated from the Denver Homeopathic Medical College, class 1902. Her classmates, members of the faculty and friends extend their sincerest sympathy to Mrs. Zunstein.

A LEGAL DIFFICULTY.

After hearing evidence in an assault case between man and wife, in which the wife had had a deal of provocation, the magistrate, turning to the husband, remarked:

"My good man, I really cannot do anything in this case."

"But she has cut a piece of my ear off, sir."

"Well," said the magistrate, "I will bind her over to keep the peace."

"You can't," shouted the husband, "she's thrown it away.—Am. S. and G.

CORRESPONDENCE, CLUB NOTES AND OTHER THINGS.

Denver Homeopathic Club.

At the August meeting two papers were presented and discussed by the doctors present. Dr. Dabney, by request, reported a case in which he assisted in the removal of ten worms from the tissues beneath the right eye of a young child. On account of the next session of our state society interfering with the club's September meeting it was decided that the next meeting should occur on Saturday evening, September 13. Among the visitors we noticed Dr. E. T. Allen of Chicago. C.

State Society.

This issue of The Critique will be mailed just too late for those who will be in attendance at the state society to read before starting for Pueblo. The indications are for a session of value and interest, with a larger attendance than last year. C.

CHRONICLE OF THE CHANTICLEER.

A True Story of Lafayette Street.

CHAPTER I.

1—And it came to pass in the latter days, when the summer drew nigh and the grasshopper was a burden, that a great and mighty man, of the tribe of the Leevites, one skilled in all the wonders of the rock, for two shekels of silver, did add to his treasures a chanticleer.

2—Now this bird was of amazing stature. His height was near unto a cubit and his breadth was half a cubit and his weight was that of four measures of meal.

3—And when he made a joyful noise his voice was like unto the bellowing of a bull of Basham or the blast of ten thousand trumpets.

4—And it came to pass that the joyful noise did cause great wrath in the neighborhood, insomuch that the people said, with one accord, "Wo't t'ell," and swore other and mighty oaths from the rising of the sun even unto the going down thereof and to the fourth watch of the night.

5—And they said, wherefore does this foul bird disturb our repose and that of our children?

6—Then one of the tribe of Marion approached the Leevite and said to him: "Why hast thou done this thing?"

7—And he replied: "My vine and my fig tree are devoured by the grasshoppers."

8—But he said to him: 'Go to, now; what are thy vine and thy fig tree beside the peace of thy neighbors? Let me buy the fowl and I will offer him up as a burn sacrifice."

9—And he hearkened unto the voice of the Marionite and said: "It is well. If a man live not at peace with his kinfolk and acquaintance he is a dog. I will not sell the bird to thee, but yea verity I will go thee one better and offer him up as a sacrifice myself, for my sins."

10—And he did even so as he had said, and peace reigned and the Leevite was beloved by all above other men.

THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of the Missouri river. Hence, it is the best medium through which to advertise.

THINGS TO REMEMBER.

Dr. Given's Sanitarium, of Stamford, Connecticut.

It is arranged for the treatment of nervous and mental diseases and drug and alcoholic patients.

Stamford is fifty minutes from New York on the N. Y., N. H. & H. railroad, with forty-two trains each way daily.

The sanitarium is located on a hill overlooking the city of Stamford, and is composed of main building and several cottages.

It is the aim to provide a place where patients can have home comforts and also receive the special treatment desired.

Every room has steam heat and electric lights and every facility is offered for the restoration of patients.

Baths, massage, electricity (faradic, galvanic and static), and all curative measures known to scientific physicians of the day are utilized. Address AMOS J. GIVENS, M. D., Stamford, Conn.

We manufacture in our city a preparation for use in all cases of inflammation that is superior to any and all of a similar nature, and it is none other than Marach, the only sterilized preparation of the kind upon the market. We have used it in cases of orchitis, blood poison, abscess and in a number of cases with most happy results. Marach is a soft, non-poisonous, soothing antiseptic poultice and surgical dressing, always ready for immediate use.

Gude's Pepto-Mangan was tested in a severe anæmia accompanied with obstinate leucorrhœa, in which I had previously exhausted the list of ferruginous preparations without success. I resorted to your product with a good deal of mental reservation, but much to my surprise it produced so marked an improvement of the general condition, with the entire disappearance of the leucorrhœa (of course, after its administration for some time in connection with local treatment), that I must openly confess to have been unjustly skeptical in this instance. I shall always be glad to prescribe the preparation in such cases. I am very glad to have found among the countless number of special preparations an efficient one which is not a fraud.

DR. HANNS LOSCHNIGG.



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Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

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CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

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Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

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Give us a call, or **Send for Souvenir Card.** Remember the address, Corner of 16th & Glenarm Sts.

Ecthol in Scarlet Fever.

By John M. Turk, M. D., Canton, Ga.

I feel called upon to say something plain and practical in regard to the usefulness of ecthol in the above disease. I have used ecthol for one year in an epidemic of scarlet fever, and I must say that it has more than met my most sanguine expectations. It has accomplished more than any agent I have ever used in a practice of forty-three years. Ecthol robs scarlet fever of all the distressing sequels, such as nephritis, ear complication, adenitis, mebranous angina, etc., if the remedy is given early enough and as often as every two or three hours, in bad cases, until desquamation is over, then not so often. A great many of my cases were malignant and quite a number ushered in with convulsions. In some of my malignant cases I gave double the prescribed dose. It prevents, in a large degree, the disintegration of cellular tissue, and will not disappoint any who use it in scarlet fever. —New Orleans Medical and Surgical Journal.

Dear Sirs—I desire to send you this unsolicited testimonial. I regard Bovinine as one of the most valuable foods I have ever used in my practice, covering over thirty years. I have had most wonderful results in saving starving bottle-fed babies. As a dressing in old, chronic leg ulcers, it has no peer. I have healed some very large, deep tubercular ulcers this past winter, which would yield to no other treatment. In deep seated abscesses and in traumatic lacerations, carbuncles, etc., my chief dependance is "Bovinine."

I wish as a boon to humanity, that every physician in America would use it in these troublesome cases. Very truly yours,

C. W. PRICE.

The Home Modification of Fresh Cow's Milk.

Mellen's Food is of real value used in combination with milk. It may be first dissolved in water and the solution used to dilute the milk or it may be added directly to the milk. In either way the milk is rendered more digestible.—Uffelmann's "Domestic Hygiene of the Child."

Treatment of Pre-Senility.

Fergusson details a case of impotence following a prolonged attack of gonorrhœa. It was his third attack, and his virile power was almost lost and he suffered from frequent micturation. He had, in addition, orchitis on both sides. The case was peculiarly obstinate and many remedies had been used to no purpose. He had already exhausted the resources of several quacks. Sanmetto was prescribed in teaspoonful doses three times a day and improvement and recovery followed.—New York and Philadelphia Medical News.

A valued correspondent writes us that he has gathered from correspondents and newspaper clippings the following facts about gold-cure institutes. During the year 1896 twenty-two so-called Keeley gold-cures suspended and dissolved. Twenty-seven gold-cure homes, where specific treatment for alcohol and opium was given, have gone out of business. Five new companies have been formed to sell rights to use secret inebriate cures. Three ex-superintendents of gold-cure establishments have committed suicide. To this we would add that in three years we have made notes of the relapse of nineteen physicians who have been medical directors of gold-cure establishmnts. Ten of these persons came for treatment in regular asylums, where no specifics were used.—Quarterly Journal of Inebriety.

LACHESIS, RHUS TOX., MELILOTUS—THERAPEUTIC NOTES.

Dr. G. W. Bowen makes some very remarkable statements regarding these remedies with a positiveness that is startling. He finds that lachesis will prevent or cure catalepsy. During the past four years it has saved three persons from being buried alive. One of these was a child that had been under the water for half an hour. Another had lain in a coffin for two days, waiting for the day of funeral. What do you think of that? Of Rhux Tox., he remarks: "It has cured all burns of any kind for me." The doctor applies it in a solution externally. The one-tenth tincture is diluted with three parts water. It is the only remedy he uses for frosted feet. Of Melilotus, he has this to say: "One dose of the first centesimal dilution cures or relieves almost every sort of headache. It will stop epistaxis in one minute. It will cure spasms of any kind, epilepsy or eclampsia, in one or two minutes. It cures almost immediately congestion in any part—head, chest or ovaries. In large doses it is dangerous, and has caused abortion." Dr. Bowen does not tell the whole truth, however, when he says of coffee: "It does not stimulate; it sustains the whole system; and will do this better than anything I know of in this world.' Or again, when he affirms that oatmeal is a curse to the people: "It has been the principal cause of all cases of indigestion, dyspepsia and internal disturbances that are so much more common of late years, and which call so frequently for the use of digestive tablets." (Quoted in American Physician, from N. I. and S. M. Hom Med. Association, 1902.) The author can back up these experimental statements by a practice of fifty years.—The Hahnemannian Monthly.

A SUGESTIVE NOTICE.

On the transom above the doors to the operating room in one of our leading hospitals of the city is inscribed in large gilt letters this notice: OPERATING ROOM. Just over this on the wall in red letters appears this notice: TO THE FIRE ESCAPE.

THE CRITIQUE.

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GELSEMIUM.

DR. C. W. JUDKINS, GLENWOOD SPRRINGS.

Gelsemium, sometimes incorrectly spelled "gelseminum," is a member of the nux vomica family, Nat. Ord., Loganiaceae. It is a beautiful, high-climbing vine, with a milky juice; an evergreen, hence the descriptive "sempervirens." The adjective "nitidum" is applied to it from its smooth stem and shining leaves. Its flowers have a bright yellow corolla with an agreeable fragrance so commonly called yellow jasemine. Its habitat is the damp, low soils and by the side of streams in the southern Atlantic states.

Considerable controversy has arisen of late upon the question of tinctures vs. fluids; some maintaining that aqueous preparations of the dried plant are superior to green plant tinctures. Homeopathic physicians, I feel sure, are favorable to the green plant tincture. We can feel confident of a ready response to this valuable remedy when the preparations from the time-honored tincture are given according to the homeopathic law. The tincture thus prepared from the fresh root should have nearly the color of sherry wine.

The primary action of Gels. is upon the lower neurons, including the special neuclei of the medulla, the anterior columnus of the cord, and the vaso-motor centers, progressing from above downward. Its action is central and centrifugal, contrary to that of conium, which is peripheral and centripetal, as was long ago evidenced in the classic account of Plato upon the death of Socrates. Conium, however, increases arterial tension, while Gelsemium paralyzes the arterioles, lessens the force of the heart and decreases arterial tension—acting upon the heart through the ganglionic structures on the course of the inhibitory cerebral fibers.

There is a marked contrast between its action upon the nerves of mammals and upon those of cold-blooded animals.

Sensibility is deranged first in cold-blooded animals; motility first and principally in mammals. The provers mention a certain amount of sensory numbness and tingling which is trivial or transient.

In experimenting upon cats, poisonous doses paralyze the forelegs first and the animals perform strange backward movements, sometimes complete somersaults. In man it weakens the arms more than the legs, but no movements corresponding to those just mentioned have been noted. Lethal doses paralyze the respiration before the heart stops—some claim before there is dilation of the pupil. Experiments with warm-blooded animals prove that the voluntary muscles retain their sensitiveness to galvanism. Therefore, the prominent field of action of this drug is in the nervous system, paralyzing the motor and vaso-motor centers. From this general action many of its symptoms pertaining to other parts may be explained and understood.

Mentally, there is dullness and apathy, depression of spirits, confusion of mind; mental exercise causes a sense of helplessness; excessive languor; desires to remain quiet; does not want any person around, however quiet that person may be. The three "D's"—dulness, drowsiness and dizziness—are characteristic. The apathy and stupidity may extend to unconsciousness. This profound stupor, however, is probably due to imperfect aeration of the blood, from depressed respiration. It is unlikely that this drug will be indicated in cerebral apoplexy, or in spastic cerebral paralysis. In functional, hysteric and toxaemic paralysis it is very useful.

Gelsemium has also a special affintiy for those cortical centers of the vagus which bear the brunt of pronounced emotional disturbances, such as those from depressing news, grief, fear, unusual ordeals. The objective symptoms are sighing breathing, sobbing, depressed circulation, cardiac depression, diarrhoea. Gels. temperaments are sensitive and often unusually affected by the sight of injured persons; may have shakes therefrom, or a nausea; better from a walk in the open air.

Ignatia, another member of the same family, has similar results from grief and disappointment. The Phosphoric Acid patient is perfectly overcome and stupefied by grief. There

is vertigo from passive arterial and venous congestion and from visual defets; it spreads from the occiput; worse from a hot sun; he staggers and has the appearance of a drunken man; worse from smoking; there is inco-ordination of muscular movements; may be used before Alumina or Arg. Nit. in locomotor ataxia. Headaches are common; a dull, tired ache at the base of the brain; extends from the occiput over the head and settles over the eyes; eyes sore; pains to move them (Bry. Cimif. Spig.). Blindness accompanies the nervous headaches; unlike Kali., Bich. and Iris, it does not disappear as the headache increases; the head feels bruised internally and externally; stiffness of the neck; thick speech; band-like pain around the heal above the ears, with pains shooting into the jaw—a frequent symptom from neurasthenia; head aches from isolation, eye strain, megrim; worse 10 a. m.; lying with the head low, from mental abor; better temporarily from stimulants and pressure; after profuse micturition. (Compare Ing. Sang. Acon. Sil. Verat. Vir., which have the last symtom.)

The following symptoms given by one prover, have been verified:

"Severe pain in the forehead and vertex, with dimness of vision, a sensation of enlargement of the head, and a wild feeling, a confusion almost amounting to delirium, alternating with sharp labor-like pains in the uterine region, extending to the back and hips."

Onosmodium has a similar headache from eye strain; pain from occiput into the eyes; relieved by a tight bandage. Cocculus has occipital headache like Gelsemium; the head seems large and the neck seems weak.

In connection with the eyes we again have three characteristic D's—dulness of sight, dilation of pupil, diplopia. The eye symptoms are numerous, prominent and characteristic. They furnish the keynotes to the therapeutic application of this drug in many serious diseases. Lids are heavy; ptosis partial or complete (Caust. Sepia); effort to raise the lids is painful; relief from resting the upper lids upon the lower; lateral nystagmus due to inco-ordination of the third and sixth nerves strabismus from paresis of one of these nerves; the diplopia presents peculiarities which show that it is due to different causes.

In some cases double vision for distant objects appears first; in other cases it occurs first for those objects near the periphery of the visual field, approaching and finally appearing in objects in the median line; in others it was confined to the upper half of the field of vision; plainly it is not due to paresis of the ocular muscles; in these cases the optic tract may be the source of the diplopia.

Dimness of vision: Here again we have phenomena hard to account for on pathological grounds. The sight becomes hazy and fails first for distant objects, then for those near, until total blindness results. Staggering vertigo is a frequent accompaniment to the visual defects. This medicine has been used successfully in inflammation of the eye with serous exudations when the characteristics are present. Some old school authorities deny that Gelsemium dilates pupils, yet they acknowledge that the local application of its Alkaloid Gelseminine has that effect. There is abundant verification of this symptom by our provers as well as by reported cases of poisoning. It first contracts, then dilates pupils through the contraction and relaxation of the circular fibers of the iris, which are supplied by the third nerve.

The Mydriasis of Gelseminine is not antidoted by eserine, as is that produced by atrophine. Some authorities explain this by the assumption that the dilation in the former case is paretic, while in the latter case it is spastic, that is, that Gels. acts through the third nerve, paralyzes the circular fibers, while Belladonna acts through the sympathetic, contracting the radiating fibers. Physostigma acts by stimulating the third nerve, but being already paralyzed by the Alkaloid of Gels. it is no longer able to produce contraction in the circular fibers.

Gels. approaches a specific for common colds—acute rhinitis. In its pathogenesis we have the symptoms most commonly observed in the beginning of that complaint—chills in the back, fever, watery, serous discharge from the nose; may be excoriating, sneezing, fullness at the root of the nose, tightness of the head, suffused face, tingling in the nostrils, dry scraped feeling in the throat, pains extend to the ears; good when the body is chilled in warm, relaxing weather, the cold

nights after warm days so common in Colorado; temporary relief from sweating; worse at night in bed; eyes sore, watery, painful, congested; thirstlessness. A similar ensemble of symptoms makes it useful in measles.

Tongue is yellowish white; or margin red, center white; again red and dry, trembling when extended—the "trembling weakness" of the drug. The speech is thick and gutteral from a semi-paralyzed condition of tongue and vocal organs; lower jaw drops; burning and dryness in the throat; swallowing causes a sticking in the throat and shooting into the ear; voice is uncertain; aphonia; dryness of the larynx; paralysis of the glottis.

It is the most valuable remedy we have for the post-diphthretic paralysis. For local laryngeal weakness, to be thought of with causticum and ammonium causticum.

The chief value of the respiratory symptoms is in the fact that death is by apnoea. In cases of poisoning, artificial respiration, with tracheotomy, may avert a fatal result. Diarrhoea from passive hepatic congestion, and during dentition in children; child seizes things when carried as if fearful it would fall; borax, dreads downward motion. Profuse emission of urine with slight chilliness, tremulousness, followed by relief of head symptoms.

Gels. is good for chilliness on full dilation of sphincters—as chills at end of first stage of labor. It is a remedy for enuresis due to weakness of the sphincter vesicae, and also for the irritable weakness of the bladder in hysterial subjects. Sensation as though the heart would stop beating unless he moves about is characteristic. This may arise after sleep or from emotional disturbances. Digitalis has the opposite effect—thinks heart will stop beating if he moves. The Gels. pulse is soft, compressible, dicrotic. There heart complaints may have the anxiety and fear reminding one of Aconite. A case that illustrates this point appears while I am writing this paper.

A man comes to my office in a state of great trepidation. He has been suddenly awakened by shots fired by burglars attempting to rob the postoffice, which was near his sleeping room. He has the shakes; said he was chilly; that the thought

of any one being injured unnerved him. While telling his feelings he walked the floor in a state of anxious restlessness. When asked why he did not take a seat, he said he feared his heart would stop beating if he did not move about. His pulse was soft and weak. He lamented the fact that a severe supra-orbital and occipital headache always followed these spells of weakness and trepidation for two or three days. Gels. soon quieted him and the headache missed connections. Furthermore, Gels. proved to be his remedy for the palliation of frequent headaches arising from astigmatic ametropia.

The sensorium of the patient is a delicate instrument of precision for the diagnosis of the drug, and his sensations often furnish the keynote to the remedy.

Tardy dilation of the os uteri during labor when ineffective pains extend to the back and hips, with relaxation of abdominal walls, atonic womb which appears to ascend. Belladonna has spasmodic condition of the os without the atony.

Gels. is a leader in fevers, particularly those of a remittent type. Its characteristics in this sphere are thirstlessness (more marked than that of Puls); drowsiness, with indifference (Phos. Acid); arterio-venous stagnation; relaxation, weakness, bruised pain all over. It is often useful in our mountain fever, which has been called in our books a mild form of typhoid—why so-called, I am unable to say.

Pathognomonic symptoms of the severer disease are apparently lacking. If typhoid can be aborted, I believe that Gels. given in the prodromal and early stages will do it. I shall not undertake to prove this statement, however. Chills chase each other up and down the back; dull occipital headache and backache; partial sweats give temporary relief; tongue red and dry; may quiver when extended; generally useless after the third day; often followed by baptisia.

Gels and Bry. are the remedies most commonly useful in those epidemics of la grippe that have visited us so often in recent years, traveling over countries with the speed of the lightning express.

Gels. comes into play in the early stages of influenza and its sequelae. Pain is worse about 10 a. m.; sleepy but cannot sleep; sleep restless with disagreeable dreams; better toward

the morning hours. I cannot refrain from quoting here and endorsing a portion of an article by an old school physician, Dr. N. S. Davis, in a recent article of a medical journal:

"The coal tar group of anti-pyretics were given freely by perhaps a majority of physicians in the treatment of la grippe as it has prevailed since the epidemic of 1889 and 1890, and during no previous epidemic of that disease has there been so great an increase of deaths from pneumonia, bronchitis and so-called heart failure; nor were they followed by so many severe and protracted sequelae characterized by a persistent sense of weariness, loss of muscular strength and nervous energy, frequent neuralgic and rheumatic pains, with impairments of the cardiac respiratory and digestive functions, and unrefreshing sleep. A very large proportion of such patients readily refer the origin of their troubles to a severe attack of la gripps, often from one to three years previous, during which they took liberal doses of both anaesthetic and antipyritic drugs and have been taking more or less of the same class of remedies to relieve their pains, lessen nervousness and encourage sleep at night ever since. Thereby they palliate for a few hours after each dose their pains and sense of exhaustion, and at the same time perpetuate the impairments of cardiac, respiratory, metabolic and protoplasmic activity, until many of them become permanent invalids or die suddenly from so-called heart failure."

The above is true. It is also true that palliative treatment, as so commonly practiced in all diseases by the allopaths, is injurious to a greater or less degree. Sequelae of diseases are less frequent and less severe under homeopathic treatment. By the enforced reaction of the vital force upon disease by our treatment, the organism is strengthened against its return and our patients are not ill as often as those under old school treatment.

The eternal natural basis of the homeopathic rule of healing, Similia similibus, must at all times and in every place be the supreme law, and must, alone, verify the decision, when the number of ascertained characteristic symptoms belonging to the known genius of the remedy are sufficient to determine its similitude to the spirit of the disease.—Boenninghausen.

DIOSCOREA VILLOSA.

HARVEY FARRINGTON, M. D., H. M., CHICAGO, ILL.

Dioscorea villosa, the wild yam or colic root, has long been known in domestic practice as an excellent remedy for abdominal pain. Its virtues are supposed to have been discovered by the native redskins, who communicated their knowledge to the wives of the early settlers. It is well named "colic root," for colic or a history of colic will be found in nearly every case where the remedy is homeopathic; and no matter what the cause, unless it be mechanical, if the symptoms agree, Dioscorea will relieve spasmodic or wind colic, uterine colic, gall stone colic, renal colic—all come under the head of the sphere of its therapeutic application.

Though rather meagre in its proving, it possesses some very distinctive and peculiar characteristics. Pain of the most excruciating character is the dominating feature. Most remedies in our materia medica have pain of some sort or other, but the intensity of the pain is not the same in one as in another. Dioscorea should stand near the head of the list of those that have pain of the severest type.

The pain of Dioscorea appears to be neuralgic in its origin, centering in some plexus or extending along the course of the nerves. It is cutting, twisting, cramp-like, usually appearing at regular intervals, or if continuous, it is marked by paroxysms of exaccerbation. There is a remarkable tendency to extend to other parts, to radiate from the central focus or to shift and appear in distant parts—indicating sympathetic action through the spinal cord. Pressure, as a rule, brings relief, as does motion, whether it be passive, as riding in a carriage, or the more active motion of walking. These characteristics are applicable to a great extent, in all affections curable by Dioscorea.

The abdomen is the chief point of attack; cutting, griping, twisting as if the region of the navel were in the clutches of a powerful hand, extending to the chest, back and extremities, and at times so violent as to give the sensation and indeed the outward appearance of a general spasm. The hapless sufferer writhes and shrieks in agony or keeps in constant motion,

walking and walking till exhausted, pressing the meanwhile with the hands upon the abdomen, but never bending forward. Motion and pressure give some little respite, but bending double or lying down at once aggravates. The position is erect or even bending backward. This is an important distinction between this remedy and Colocynth. Occasionally you will meet with a case of infantile colic which closely resembles the latter remedy, but on close observation you notice that although pressure obtained by holding the child against the chest in upright position alleviates, the usual position of face downward across the knees is a failure, and the little one, amid piercing shrieks, instead of drawing up its legs, straightens out and even rears backwards. Dioscorea will stop the colic in a very short period of time. Colic relieved by motion, by standing erect or bending backward and by pressure. The text books have both amelioration and aggravation from pressure. When these pains have been going on for a time, the abdomen may become very sensitive; then pressure cannot be tolerated.

At times the abdominal pain will suddenly cease and severe cramping pains appear in the extremities. This is exemplified in ordinary colic and in false labor pains. Pains in the uterus extend to the back and thence fly to the extremities, or they cease and painful cramps appear in the flexors of fingers and toes. These two sets of pains may alternate.

In diarrhoea, besides the colic about the navel, there is distress in the hypogastrium or, as it is sometimes put, "twisting pain in the lumbar region of the bowels." Sudden urging to stool, driving the patient out of bed at 2, 3, 4. or 5 a. m., like Sulfur, Aloe, Rumex, Podophyllum, etc. Tenesmus, the passage of offensive flatus and burning in the rectum during stool, with faintness in the abdomen after stool, but no relief of the pains. The evacuations are usually yellow, watery, fecal. In dysentery the tenesmus is increased, and the stools are slimy and transparent, like egg albumen. Cholera morbus increases the faintness almost to syncope, with cold, clammy sweat and cramps in the extremities (cf. Cuprum) nausea and retching.

Now shift the scene from this region to that of the liver and we have heavy, grinding pains; sharp pains shooting upward to the right nipple—a very characteristic symptom—and again terrific lancinating, twisting pains radiating from the

region of the gall bladder to the chest, back and arms and accompanied by loud eructations of wind, biliary colic.

The following are the indications in renal colic: Severe pain in a small spot over the right iliac crest, shooting downward into the right thigh and into the right testicle, with frequent urging to urinate, cold, clammy sweat, retching, vomiting of bile, rapid, feeble pulse. The pain ceases abruptly, presumably when the stone passes, and the vomiting may then follow. Berberis comes very closely to this group of symptoms. It has pain shooting down the ureter or spreading out like a fan into the abdomen and down the adjacent thigh, but there is great sensitiveness of the back just over the kidneys, lameness of the lumbar region, worse after walking or riding in a carriage, and while lacking the peculiar colic symptoms of Dioscorea, will exhibit the signs of a gouty constitution in swollen joints, brick dust sediment in the urine, etc. It is generally considered that the pains in the extremities in Dioscorea are neuralgic or rheumatic in character.

More than one case of angina pectoris has been relieved by this remedy. It is not difficult to see how the prescriber was lead to its selection. Transferring the picture from an abdominal to a cardiac plexus, and we find it fitting into the well-known symptom group of that dread disease. Transfixed by agonizing pain back of the sternum extending into the arms, labored breathing, feeble heart action and the cold, clammy sweat.

Space forbids our further consideration of this interesting remedy. It is not frequently indicated, but when indicated, no other remedy will take its place.

(Read before the Colorado Homeopathic Society.)

STANNUM.

JANET B. CLARKE, M. D., BOULDER, COLO.

The elder Farrington tells us that Stannum has few symptoms, but we must take his meaning to be that it has few symptoms which are characteristic when taken alone, for it is readily understood that any remedy showing such a nerve weak-

ness must carry in its train very many symptoms dependent upon the lack of nerve control which is the background upon which all the details of the picture are to be placed, forming an entirety, the individual data of which are found in so many other provings that Stannum is peculiarly one of those drugs for the use of which we must decide upon the totality of the symptoms, and even with the total which we may be able to gather, we often can decide only by a careful process of exclusion.

I shall not attempt to rehash any of the many hundreds of local symptoms which we may read in the materia medica, but shall simply touch upon those general symptoms which color and control all the local manifestations and which must be present in combination before we can hope to control the condition of our patient by the administration of Stannum. These general symptoms, being those which describe the patient herself, which give to her disease her own peculiar characteristics, necessarily color every condition throughout her whole economy resulting from the disease cause, and therefore every local condition which is to be removed by the use of this drug must show these general characteristics.

The first thing we notice in looking at the general condition of the patient is her extreme weakness. A nervous weakness so great that if she tries to think she goes to pieces—so weak that every tissue of the body is more or less relaxed and any exertion, mental or physical, will increase this relaxation, the weakest part, of course, giving way to the greatest extent. The rectum, the uterus, even the vagina or all of them may prolapse; so weak the controlling secretory nerves are in a state of partial paralysis and mucus fills the chest—so with the nerves of the heart, the rectum, the bladder, so that we have palpitation—inactivity of the rectum and bladder so the nerves of the stomach cannot stand the effort necessary for digestion—everywhere in the body is this state of weakness, and it is made worse by any exertion.

Is it surprising that in this condition of nervous weakness we should find a lachrymose and melancholic state of mind? The surprise would come if it were not there. And we do find it. So weak she weeps on making any exertion, and this weep-

ing being a further exertion, makes her worse; so weak are her nerves that it takes time for the meaning of a question to reach the brain and when she has pulled herself together sufficiently to answer, she weeps and she is called sullen; but she is not so—sullenness is an active state of opposition.

Other remedies have this weeping mood, but who could mistake Natrum Mur., or Sepia, or Pulsatilla in this regard for Stannum? Natrum Mur. can be aroused to a vicious state and is always thinking actively; Sepia also may become vehement, and is constantly in active thought, and Puls. is relieved by weeping and talking. But Stannum cannot sustain thought, and both weeping and talking bring on a further collapse, and under no condition will a Stannum patient become vehement. So weak her heart palpitates when giving orders about the house; so weak she drops when sitting down; so weak she weeps when trying to answer questions. But notice particularly that this is not the exhaustion of mind nor the paralytic condition which we find under some remedies, for she is not only capable of making, but willing to make the effort to think; to answer questions; to attend to her duties; but she cannot sustain the effort—gradually her force gives out. I wish to call attention to the word "gradually," applicable here as applicable throughout.

Now we find this condition of weakness affecting all the local conditions. If the chief local condition is of the chest, then we find a sensation of constriction, on a filling up with mucus brought on by any exertion; if the disease has exhibited itself through an asthmatic condition, then the asthmatic attack comes on while she is giving orders, or while she is dressing in the morning, along with palpitation, perhaps, if the nerves of the stomach are especially weak, then gastric symptoms show themselves, or it may be neuralgia of the face exhibits itself as a result, and so on through every local condition we have this great general characteristic, "aggravated by any exertion, mental or physical."

Again, it is not surprising that nerves so weak should carry impulses slowly, and so we find in the guiding symptoms that "pains increase and decrease gradually." Judging from the writings of the authorities, one would suppose that only the

neuraglic pains increase and decrease in this manner, but as a matter of fact it is true of every condition. The asthmatic attacks will come on and disappear gradually; so with the gastric symptoms; so with the chest symptoms. We would expect the gradual filling of the bronchi with mucus, but were it not for our knowledge of these weak nerves we would expect immediate relief to follow the throwing off of the mucus. Our materia medica tells us that this is easily detached and relief follows, but it does not tell us that the relief felt by the patient is not immediate, yet it does not take a noticeable duration of time before the sensation of relief is noticed. So with the palpitation—it comes on, rises to the highest pitch and decreases gradually. This, then, gives us another general guiding symptom, which must be present, not only pain but "all conditions come on more or less gradually and decrease in like manner."

In all nerve affections we expect hard pressure—when it can be secured—and cold, to relieve, and they do so under this remedy. It is quite a common symptom, yet is still a general affecting every condition for which Stannum is indicated. We find in our materia medica that "walking in the open air aggravates," but this is a result of the exertion; sitting or lying in the open, or rather in the cool air, relieves.

Again, in this extremely nervous state we would expect restlessness and we find it present. Lying down relieves, any rest relieves and any motion aggravates, yet we find her too restless to lie any length of time. Up and down, up and down, although the effort exhausts, still she makes the effort. She rises to dress in the morning, although tired out by her restless sleep; again and again she sits down to recover from her exhaustion, yet she persists.

Again, I wish to call attention to this mental state of the Stannum patient. She is intent upon carrying out the daily routine of duties and in spite of her weakness, she persists in making every effort to do so.

This is so marked under the remedy that I have always been surprised that our materia medica does not dwell more upon it. True, under the mental symptoms, we read that she has fixed ideas and that she is restless, but we do not read that these fixed ideas are in relation to the daily happenings of

her life, and that her restlessness exhibits itself in an effort to do those things which she is accustomed to do.

If this condition continues we naturally find emaciation coming on, and it may become very marked indeed, but emaciation need not by any means be marked in the early stages where Stannum is indicated, so that I do not include it under the generals of the remedy.

We have now practically covered the generals of the remedy. They are very meagre, yet they are sufficient. I do not wish to be understood as belittling the importance of the local symptoms. They are all important. It is through them that we are enabled to discover the general indications, but if we do not find the general indications running through the local symptoms, however thoroughly they may conform in other respects to the mass of symptoms laid down under Stannum in the materia medica, Stannum cannot be indicated.

Now the question arises, must all of these general indications be present? In a degree, yes. It may be that we do not readily discover them all, that they are not sufficiently well marked to enable us to discover them objectively, and the patient too weak to describe them, therefore we must resort to the process of exclusion.

The weakness must be present, for upon the weakness hinge all the other symptoms. If we have apparently all the symptoms of the remedy, but accompanied by the lightning-like pains of Belladonna, Stannum is not indicated, because lightning-like pains are incompatible with the nervous condition which Stannum will cure. So if we have a palpitation of the heart coming on suddenly, as from being startled, we would not give Stannum, because there can be nothing sudden where the nerve impulse travels so slowly.

If we have all the chest symptoms recorded in the materia medica in a patient of a cheerful disposition, would we give Stannum? Yes, I am afraid many of us would. But we should fail, because the weak state for which Stannum is indicated is not compatible with a cheerful mind. It is true that sometimes where a single symptom of the disease state, even though the remedy in general does not conform to the general disease state, that remedy will relieve or remove the symptom. But have we cured the patient? By no means. On the contrary, we have injured our case by removing a symptom which, in combination with others, might have led to a proper selection, and very often where the deep acting remedies are used in this manner, we make a case incurable.

And so all these general symptoms must be positively or negatively present where Stannum is indicated, and whatever may be the local or particular symptom, they must all conform to these general characteristics.

These symptoms describe the patient whom we are to treat, and if we are to treat the patient instead of the disease, these descriptive symtoms must be there in a greater or less degree, or we must resort to snap shot prescribing, and Stannum is one of the last remedies with which we are liable to succeed through a snap shot.

Why does Stannum so often disappoint? We do not have to look far for the reason; there is nothing peculiar, or unusual, or startling in any of the symptoms with the exception of one symptom in the tubercular condition which I shall mention.

Given the extreme weakness and there is nothing surprising in the results. We would, from a physiological standpoint, expect just such results, just such conditions, as a result of the nerve weakness. The other symptoms, both general and local, simply describe the kind and degree of weakness, so that, as I said before, Stannum is peculiarly one of those remedies with which we cannot take chances—peculiarly one of those remedies for the use of which we must have the totality of those symptoms which relate to and describe the whole patient. But if we have present these general characteristics, then the local symptoms which are but a further expression of the weakened state, will yield under Stannum, and if we have them not present, and succeed in removing any local condition with its use, then we have disguised our case and the patient is probably further from cure than before.

In regard to the tubercular condition of the chest, there are so very few remedies which have a depressed mental state accompanying tuberculosis, that Stannum is quite readily differentiated, so that in this one condition this mental state is quite pecular and unexpected, and therefore a very marked indication, even when standing alone.

Yet Stannum is a disappointing remedy. The fault, however, lies not in Stannum, but rather in those prescribers who will persist in treating the local condition or results of disease, instead of treating the patient and the disease cause. When we have learned to treat the patient as she is described to us by the general characteristics, which characteristics are expressed through the local symptoms, instead of trying to remove those symptoms, there will be less disappointments, there will be less failure, and there will be less doubt as to the efficiency of our most wonderful system of medicine.

NEW REMEDIES AND THE NECESSITY OF A THOROUGH PROVING.

DR. LE ROY C. HEDGES, GRAND JUNCTION.

That there has been but little advancement, of late years, in acquiring a knowledge of the workings of homeopathy, is a fact that I think will not be disputed.

Of the law of homeopathy, its real scope and its limitations, we know as much to-day as did Hahnemann, and not much more.

We are fond to-day of using the Organon as the majority of church pepole do the Bible, as a ready reference to prove our pet theories and a poultice to ease our consciences in regard to the matter of advancement. We like to feel that all is known that can be found out and that the great Hahnemann discovered it all, and consequently all we have to do is to study the Organon and rely on our great founder's opinion.

Now, I take it that Hahnemann was only a man, after all; that, possibly, he was apt to evolve a theory and then try to bend facts to prove it. Understand, I am not disputing the law of homeopathy which was his pet theory, for I know by actual expeirence the truth of this great law and believe that it demands the best attention of every practitioner. However, I do contend that it is but one among thousands of God's great laws, and that it is our duty to thoroughly investigate, patiently and scientifically, this law which so many of us have used and abused.

I have an idea that there are men in this audience who have abilities in various directions even greater than those of the great Hahnemann; possibly these abilities are undeveloped, dormant or merely awaiting the trumpet call to arouse them to action.

I have felt for some time that either we must awake to the situation and advance, or homeopathy will lose its place in the front rank of medicine.

Therefore, I wish to point out some things that from my observation seem to be facts, hoping that I may interest you enough to bring out a free discussion.

We have been divided into two parties in our own camp, viz.: the men with decided opinions and those with vacillating opinions. The men with decided opinions are subdivided into high attenuationists and low potency practitioners. The vacillators are not subdivided, but keep right on wobbling with great consistency, and the worst of it is that some of the most brainy men in our ranks are the worst wobblers, and think one day that high potencies are best, next that low potencies are it, and the next fall back on the drug not offered by our pharmacies in the shape of "combination tablets."

Say, but those pharmacy people are the philanthropists that ought to get the blue ribbon, they make it so easy for the fatigued people that compose our rank and file.

For instance, a man comes into the office; he thinks he has malaria; the district is malarious, consequently agree with him without quibbling; reach out for Luytie's combination tablet No. 8 or for Halsey's No. 44, and if you think there is a possibility that these great compounds are not infallible, you might give him a bottle of each and let him alternate; or if you are sure he will come back, give him a bottle of Luytie's, and there you have two fees. It is so easy; one does not have to remember anything, or know anything; but of course there are some disagreeable features to this method of prescribing. We have been calling our allopathic brethren empiricists and such names because they first name the disease and then give one of the remedies found efficacious in such disease, and if that does not cure, give some other that has been of use, and so on until finally they mix the whole pharmacopea in one bottle.

Yes, that combination tablet business has some bitter with its sugar of milk.

For those who find the bitter to be taken more than they can stand, and who therefore shun the combination tablet, there remains but one thing, to try to find the similium, whether your faith be high or low, whether you give but one remedy or two, in alternation.

There may be men who can study our materia medica and always know just what to give from the symptoms, the first thing, but I cannot in all cases. I more frequently alternate than not. And why not? Tell me, some good prescriber, what

you are to do when you think over a list of remedies—so many have the same symptoms?

Perchance, a physician is called to see a patient. Being a sensitive soul himself, of refined instincts and habits, he is at once attracted by the mind symptoms in the absence of particularly marked physical lesions; he is struck by the fact that the patient is morose, ill-humored, has needless anxiety, has fright, has vexation, is extremely irritable and inclined to be angry, has delirium. Well, that fits Cowperthwaite's Bryonia symptoms, but so it does the symptoms of Acon., if restlessness be added, and also Arsenicum Alb. and Asaf., Merc., Calc., Carb., Aesculus, Camphor, Aethusa and twenty other remedies.

Tell me who ever took enough Calc Carb. to produce mind symptoms?

Does Bryonia produce these symptoms in a healthy prover of even quiet disposition? Does Bry. produce them in every prover? Is Bry, equally efficacious in all climates, in all altitudes, among all nations?

Are not most people restless, irritable, anxious, ill humored, timid, delirious, when sick? What value, then, as a guide are these mind symptoms?

Not only are the mind symptoms which I have spoken of in a state of fog, because common to so many remedies, but bowel symptoms are likewise common to many remedies; and, to cap all, there are times, places and patients where even your best beloved remedies fail you even when their strongest guiding symptoms are present. As an instance, let me relate an occurrence before the Wisconsin Homeopathic State Society:

An old practitioner, respected and well-beloved by the Chicago profession, had just finished an exhortation to study carefully your case and choose your remedy with care and accuracy and then cure it with the higher attenuations. We, who had known this Nestor of our profession and of his great success as a prescriber, were feeling positively guilty and mean and small, when a physician who had been waiting, apparently, for just this moment, asked permission to bring a patient before the society and that our venerable mentor prescribe, for, as he frankly stated, he could not cure him. The patient came in,

was carefully examined in our presence and the old physician named the remedy and the potency, when the doctor who had brought the case, triumphantly showed the record of the case and proved that he had given it as advised, as well as several analogues in all kinds of potencies.

Some way this incident restored the confidence of the guilty and mean ones, and made them feel that it was not their fault that they found it necessary to alternate two remedies.

Again, is the giving of medicines homeopathic to the case all there is to the science of giving medicine? I ask this in view of the field that passiflora incarnata seems to occupy. Does any one know that tetanic spasms or any other kind of spasms were ever produced by giving plenty of the drug in its crude form? Yet we all know that it is exceedingly valuable in tetanus, and most of us, from practical experience. Does any one know of difficult micturation having been caused by material doses of Saw Palmetto? In fact, have any of the urinary difficulties for which Saw Palmetto is given ever been produced on a healthy prover? I ask these questions in all sincerity, having experimented with these drugs myself.

It occurs to me that in view of these facts some action should be taken by this representative body of homeopathic physicians looking to extensive scientific research in the realm of medicine. That provings should be made of all new remedies; that re-provings be made of all old remedies, that we may know the result of such provings made in the state of Colorado, for I do know that remedies used with apparent success by our English physicians are of no use here. I do know that what I could rely on to cure certain forms of bowel trouble in Chicago, does not act with the same certainty here; that with which I cured nervous exhaustion in Wisconsin did not do it in Chicago.

I know also that the remedy which will cure a Swede will have no effect on an Irishman; I know that that which will cure a certain man of muscular rheumatism will not have any effect on that man's son; that the remedy curative to the son has no effect on the father, and that both have the same symptoms.

Again, are there any remedies that we know homeopathically which will raise of lower the temperature? We know the pulse of Bell., of Acon., of Ars. Alb., but where are the provings in regard to temperature?

If it were possible, these provings should be made by governmental commissions, and might be made on healthy criminals, in which case the proving would have the advantage of the prover not knowing he was taking a drug. Lacking that, the colleges should do some proving under most careful observation. The prover should be absolutely sound, his normal, physical, mental and moral status determined and recorded and the deviations therefrom, after repeated tests, recorded. Every drug should be proven by more than one of each sex, and from these observations the guiding symptoms of a drug ascertained and recorded. All symptoms common to several drugs should be labelled common; all symptoms peculiar to a certain drug be guiding symptoms.

I believe that the prover should not know that he is taking a drug because of the exaggeration of trivial symptoms and because the effect of such knowledge might be to induce physical phenomena not peculiar to the drug.

If there are remedies useful for the amelioration or cure of disease which do not act homeopathically, but in accord with some other law, we ought to know it. I say if, understand, I make no claim for such a law, but in view of the fact that so many drugs are recommended by our pharmacists as of use only in mother tincture, and that these drugs are used daily by us, it would seem to be in order to determine the status of these new remedies. Further, because patients having the same disease and presenting the same symptoms, are not cured by the same remedies, this being especially true of patients widely separated in locality, it would seem to be in order to reprove old remedies in every state, that we may ascertain those efficacious in our own state, as this knowledge would enable us to so classify remedies that we would be enabled to cure our cases in the shortest possible time, thus bringing honor to ourselves and to the school of medicine which we represent.

SALICYLIC ACID.

KITTIE W. HIGGINS, M. D., DENVER, COLO.

It has not been extensively proven. Much comes to us from its clinical use and the effects on the patients of the old school, as it has been used extensively by them in rheumatic conditions, both internal and external. We get from these the mental and physical picture. There is the long, lank, hungry looking patient, with dark rings around the eyes, and with yellow-whitish complexion; with a depressed heart action, a labored respiration (in small amounts the heart and respiration are increased). The patient is slow of motion, jerky and clumsy; extreme forgetfulness; despondency; sees only the dark side of life, with thoughts tending to suicide; at times an incessant talker, changing from subject to subject (like Lach.).

As the condition becomes chronic they get unbalanced (not violent); they will reason to their own satisfaction that they are an instrument of God to remove themselves of some one else from off the earth. You will find many of the people of radical ideas are salicylic acid patients who have been under the old school treatment. Exercising, either mentally or physically, makes them at times mildly hysterical; a sadness; groaning; hearing voices and music; passing into the so-called clairvoyant state; becoming unconscious; an aversion to a crowd.

Head—Weakness; dullness; a dull, agonizing pain with buzzing on right side; tension in front part with profuse sweat over the head and body; shifting pains from right to left; vertex pain like dull humming; then buzzing sound and pressing with sensation as though the hair was standing on end.

Eyes—Pains, with dim vision and dryness and burning of lids; dryness of all mucous linings, with itching and burning in the nose, also much sneezing; dull, heavy pains in lower jaw and in parotid glands; worse on pressure.

Throat—In throat there is a whitish mucous membrane, as in diphtheria; a tenacious saliva (like Kalio Bi.) making swallowing difficult, with pains extending to ears, from left to right; tonsils swollen, internal and external; much heat, sensitive to touch; a blueish redness to the parts, with offensive breath; a yellowish phlegm.

Stomach—No desire for food; sour belching; acidity of the stomach, with pressure and distension; some nausea from food in stomach, and an empty, gone feeling when there is no food in the stomach; stools passing with much gas; insufficiency and straining, with dryness, burning and itching at the anus; dysentery like green slime on frog's pond (Mag. Carb.); urine slow, difficult, scanty; often with a copious red sediment; thick and frothy at times; can't sleep nights; must get up and move around; pains worse lying down; stiffness of muscles as though he was a hundred years old. Rheumatism in joints, in small joints and mostly in lower extremities; swelling, tenderness, dull drawing pains, shifting (like puls.); disappearing in one place, then appearing in another part; the skin is rough, with burning and itching of affected parts; profuse sweating at night; pains better on motion, but patient is too weak to move much; worse nights and in cold.

(Read before the Colorado Homeopathic Society.)

BAPTISTIA TINCTORA.

A. J. CLARK, M. D., LOVELAND, COLO.

While Baptisia has some popularity with homeopaths it is not appreciated to the extent its powers demand. It is not a general specific in any type of fever, but like all other remedies has its own sphere of action, which lies in a certain pathological condition, represented by certain symptoms. It exerts a marked influence on the blood and vascular system, the nerves of sensation, and on the intestinal lesions common to low types of fevers. I have found it an invaluable remedy in certain forms of gastric and typhoid fevers. In ulceration of the mouth and fauces, with fetor, it is the best remedy I have ever known.

In a malignant form of ulcerated sore mouth, with profuse flow of saliva, almost unbearable fetor and great prostration, with no benefit from the use of Merc., Nitric acid, Kali chlor. or Kali permang., after much study we are led to Baptisia, which proved to be the specific for that epidemic. Using the first decimal internally and a wash prepared by putting a tea-

spoonful of the tincture in half a pint of water, alternating the medicine and the wash every one or two hours.

I have since that time used Baptisia with a great deal of satisfaction in both scarlet fever and diphtheria when there was much fetor with other symptoms indicating its use. Much fetor is the leading indication for the use of this remedy. Hale says "that when applied in the form of a wash to ulcers, mucous surfaces, etc., where there is a tendency to putrenscence of the fluids and solids, gangrenes, fetid discharges, it is said to correct the conditions alluded to in a very prompt manner." King says "that it acts powerfully upon glandular systems, increasing all their secretions." The general action of Baptisa upon the nervous system is that of a sedative, causing a degree of paralysis both of sensation and motion.

In Scranton, Pennsylvania, we had one year a bilious-remittent fever, with a tendency to a typhoid condition. The fever was generally ushered in with a chill, followed by fever, with severe aching in the muscular portions of the body, pulse ranging from 100 to 130, better in the morning, worse in the evening. The pain in the head was not generally acute, but a dull, bruised ache. The whole body felt as if bruised and lame. Patients complained of feeling tired; tongue dry, brown or with a red, dry center. Faintness and giddiness on rising, or attempting to sit up, and in some cases severe vomiting; a good deal of thirst; bitter, sickening taste in the mouth; sinking sensation in the stomach; diarrhoea, with pain and soreness in the bowels; the evacuations light yellow or brown, thin and watery. Fetor more or less marked. Urine usually very high colored and offensive.

Under Bry., Arsenic and some other remedies cases terminated favorably in from seven to fourteen days. Many cases proved fatal under allopathic treatment, and where they recovered the fever continued twenty-one and even forty days. At this time my attention was drawn to Baptisia, and as there were many leading symptoms of it in these cases we determined to use the new remedy. The first case that came under the remedy terminated with a profuse sweat on the fifth day. Other cases ran three, four, five, and the longest nine days. In less than twenty-four hours after giving the Baptisia the dry-

ness of the mouth and tongue, the sensation of soreness and the fever were noticeably relieved. From my experience with it I believe it to have the power, when indicated, to abort typhoid fever. I have had the same gratifying success with it in several cases of pneumonia with fetid expectoration.

During an epidemic of measles, I had in three families nine cases of black measles. The breathing was very remarkable. A panting or fluttering so rapid you could not count the respirations. This would continue some minutes, and then cease for a minute, and the child appear as if dying, then the rapid respirations would commence again and this would continue hour after hour, the little patients rapidly weakening. The mouth, lips and all around the mouth and the nose were black, seemingly due to the breath. The exanthem showed a little in the edge of the hair and on the forehead, but nowhere else. Remedies were given with but little perceptible benefit. I was up against a stone wall and thought that I must lose my patient. The fetor was very great, so in desperation I put ten drops of the tincture of Baptisia in a glass two-thirds full of water and gave a teaspoonful every fifteen minutes, with marvelous results, saving every one of the nine cases. The rapid panting, the dryness of mouth and nose were soon relieved and after a time perspiration followed and then the development of the eruption. Have I not good reasons for speaking a good word for Baptisia?

(Read before the Colorado Homeopathic Society.)

COLORADO HOMEOPATHIC SOCIETY.

EDWIN JAY CLARK, M. D., Secretary.

The seventeenth annual session of the Colorado Homeopathic Society, held at Pueblo last month, had the largest attendance of any session held outside of Denver, and nearly as large as the average Denver session. In actual attendance it was the largest one that the writer has attended. When held at Denver the local physicians drop in just long enough to get their names down as being present. The result is that at the end of the session the roll shows a large attendance in numbers and yet the actual number taking part at any one session was

very small. At the largest attended session of late years at Denver there was an attendance of thirty-two members, fourteen papers were read, eighteen persons taking part in the discussions, speaking forty-four times; at Pueblo twelve papers were read, twenty-one took part in the discussions, speaking fifty-two times.

Of the eight physicians resident in Pueblo, only five attended the society. One of our members, commenting on this fact, said: "The cream comes to the top," so we have the cream of the Pueblo physicians present.

Business and papers were rushed through, so that the work was crowded into four sessions of about eight hours' total length. No time was wasted. On the first day a letter of regret was read from Dr. James M. Walker of Denver, who was unavoidably detained at home. Dr. Sarah E. Calvert's resignation was accepted. The necrologist reported as follows:

"Death rides on every passing breeze—
He lurks in every flower."

Since the last meeting of this society one of our members has obeyed the summons and entered into his rest—Dr. George W. Lawrence of Colorado Springs.

Dr. Lawrence was graduated from the New York Homeopathic Medical College in the year of 1873. His first professional work in Colorado was in the town of Silver Cliff during the mining excitement in that section of country. After a few years' practice there he removed to Colorado Springs, where he continued in practice until the time of his death from Bright's disease, July 30, 1902.

He was elected to membership in this society at its second session in the year 1882, at which meeting he acted as secretary pro tem. At the session of 1883 he was elected secretary. He was present at the meetings of '82, '83 and '96. He read a paper at the meeting of 1883 on "The External Use of Remedies in Homeopathic Surgery." Became a member of the American Institute of Homeopathy in 1894.

He was a successful physician, a courteous gentleman and much beloved by his patrons and those who knew him well. He continued his professional work long after he became ill, and his face showed that his days were numbered. His wife and two children survive him.

How significant the quotation heading this article when we recall the large number of deaths in the profession in Colorado during the past year. I recall the names of Drs. Parkhill, Eskridge and Bonesteel of the old school and Dr. Miller of Fort Collins and Dr. Beckwith of Denver of our own school, whose sudden and unexpected demise was mourned by large circles of patrons and friends. JAMES M. WALKER, Necrologist.

The afternoon session adjourned early to visit Minnequa Hospital at the invitation of Dr. R. W. Corwin, chief surgeon of the Colorado Fuel and Iron Company. It would be hard to give anything like a full account of our visit. It was one continual round of surprises at the modernness, up-to-date methods and completeness of the entire organization. We can only mention some of the special features that were so marked that we could not fail to remember them.

We could all appreciate the method of going from one story to the next one by an inclined plane, as we found it much easier and a great improvement over the old-style stairway, and not liable to the horrible accidents of the hospital elevator. We noticed that every possible place for the collection of dust and dirt was abolished; plumbing free from the walls; no transoms; corners all rounded; monolith floors; no paneling in the doors; all cupboards, shelves, etc., in the middle of the room; no mouldings that could hold the dirt; pictures hung without the use of wires, on hooks plastered into the wall; no abominations called bath tubs; all curtains and rugs arranged so that they could be easily removed and washed. The ward rooms all have a north or south frontage, while the sun corridors face the east or west, facts of great advantage to one having to occupy one of the rooms. The wards are all small, the largest one containing only four beds. Ventilation was perfect. Freedom from the hospital odor was markedly in contrast with the odor noticeable the next day at the hospital ward of the Insane Asylum. It required many minutes for Dr. Corwin to explain the operating room to our surgeon members. It was certainly unique—lead floor, lead side walls, lead ceiling, ventilation and temperature of room under perfect control; admirably lighted without any confusing side-light; the entire operating building, as well as this room, adapted in all respects to modern surgical methods.

After leaving the hospital building we were taken to the Casa Vivienda, where we were shown many interesting curios from all parts of the world and entertained by the doctor's graphic description of the incident that rendered the object of discussion of more than ordinary value. It was hard work to get away; so many things to see and hear. Dr. Corwin soon won our hearts, as he so kindly answered all of our questions, explaining and demonstrating all things connected with the hospital and later entertaining and instructing us in a manner that showed us that there was only one Dr. Corwin and why he had occupied the position of chief surgeon for twenty-seven years.

Tuesday evening was occupied with a public session, where we met many of Pueblo's most intelligent citizens. For nearly

three hours were we entertained with vocal and instrumental music of a high order. Hon. B. B. Brown, Pueblo's excellent mayor, gave us a hearty welcome, to which our Dr. Judkins so aptly expressed our appreciation. The president's address, which impressed upon minds homeopathy, was listened to with more than ordinary interest by doctor and layman alike. More than one of the guests of the evening expressed their appreciation of a need of a millenium amongst physicians. After the intellectual part came nectar, sherbert and cake. Our Denver physicians during the entire evening kept up their reputation as able men equal to all emergencies. The evening passed all too soon.

A few minutes after nine on Wednesday morning we started to work; a short hour was taken for luncheon and business was rushed to a finish, so that at the time of adjournment all but three of those present had read their papers and six papers were read by title. After a full discussion the legislative committee report was adopted as follows:

"Your legislative committee begs leave to report the following recommendations:

"That the legislative committee appointed for next year be instructed to work with the similar committees from the other two schools of medicine, if possible, to prepare and urge the passage of a suitable medical bill in the Fourteenth General Assembly which shall entitle reputable physicians holding diplomas from medical colleges of high standards to registration without examination.

"That this society opposes a general compulsory examination of all applicants to the Board of Medical Examiners, but if such examination be necessary that the committee be instructed to insist upon separate boards for each school and that the homeopathic applicants be examined by the homeopathic board and that the committee be also instructed to insist upon equal representation upon any board that may be authorized as a Board of Medical Examiners."

Dr. Edwin Jay Clark asked permission to print that part of the report of his bureau relating to the insane without reading and with the following resolution:

"Resolved, That it is the sense of this society that, should there be established another Insane Asylum," it should be under homeopathic control, because:

"1. It is our right.

"2. Our daily line of work tends to make us gentle, tender and careful.

"3. Our system of therapeutics is proven to be the best by statistics.

"4. Our method of treatment is very different from that of our opponents.

"5. We do not use narcotics.

"6. We have large numbers of well-tried remedies for insomnia and all mental disease, which the old school do not use."

Upon motion of Dr. Willard the resolution was amended by striking out the word "because" and all that followed it, and then the emasculated resolution was adopted.

The officers elected for next year are: President, C. W. Judkins; first vice president, David A. Strickler; second vice president, C. F. Stough; secretary, Edwin Jay Clark; treasurer, F. A. Faust; administrative council, C. W. Judkins, Edwin Jay Clark, J. P. Willard, C. E. Tennant, Janet B. Clarke, Margaret H. Beeler, Genevieve Tucker, Le Roy C. Hedges and S. L. Blair. Time and place of next meeting was referred to the council.

As soon as the session was adjourned the society visited the State Insane Asylum, where they were hospitably entertained by Dr. A. P. Busey, the very efficient superintendent of the Asylum, assisted by Mr. C. L. Stonaker, the genial secretary of the State Board of Charities and Corrections, who had made a special trip to the Asylum to meet the homeopathic physicians of the state. Our visit was very unsatisfactory because of our limited time, as many were watching the clock that they might not lose their train. Over half of the doctors were obliged to leave with only a cursory glance at one of the buildings. In the few minutes that were at our disposal we could only get a glimpse of the many improvements that have been or that are now under way. The improvement in the methods of the institution made since the asylum was taken out of politics and placed under its present management has changed it from a disgrace to the state to one of the best in the United States. Dr. Busey deserves and should receive our hearty commendation for the change wrought and for the high grade of efficiency to which he has brought the institution.

NOTES.

The new members are Ralph D. P. Brown, Pueblo; Le Roy C. Hedges, Grand Junction; S. L. Blair, Trinidad; Edward P. Greene, Arvada; J. W. Mastin, G. S. Peck, A. C. Stewart, F. K. Dabney, Ella H. Griffith, O. S. Vinland, H. M. Fryer and W. R. Welch of Denver.

Members in attendance were George E. Gray, Genevieve Tucker and Ralph D. P. Brown, Pueblo; G. P. Robinson, C. F. Stough, F. A. Faust, Margaret H. Beeler and John E. White, Colorado Springs; Le Roy C. Hedges, Grand Junction; C. W.

Judkins, Glenwood Springs; S. L. Blair, Trinidad; Edward P. Greene, Arvada; Janet B. Clarke, Boulder; Walter Joel King, Golden; J. Wylie Anderson, N. G. Burnham, W. A. Burr, Mary Hatfield, Kittie W. Higgins, A. C. Stewart, David A. Strickler, W. R. Welch, J. P. Willard and Edwin Jay Clark, Denver.

Among the visitors we noticed Drs. Sharretts and Jewett of Colorado Springs; Ziba D. Walter and J. A. Hatzfield of Pueblo.

Drs. Hedges and Blair held an impromptu reunion of the class of '91, Chicago Homeopathic College. One came from the southern part of the state, the other from the extreme western, expecting to meet strangers and passed a very pleasant time recalling the days of '91.

Dr. Burnham advised the use of water as a prophyalctic of infantile spasms. When the child is feverish, mouth and tongue dry, water internally relieves the dryness and prevents the occurrence of spasm.

Hahnemann of Philadelphia was quite an important feature in this session. President Anderson, '82; First Vice President Judkins, '81; Second Vice President Strickler, '81, and Hatzfield of Pueblo, '81, with Walters of Pueblo, '66, made a hand that it was impossible to beat.

Dr. Stewart has not owned a hypodermic syringe since he began practicing homeopathy and has not seen the need of one.

The Denver Homeopathic faculty was represented by seven of its members, the other fifteen who are members being conspicuous by their absence. There are eight members of the faculty that are eligible to membership in this society who are not members. Why not?

Dr. Faust spoke of the slow response of some remedies, like Iodine. Remedies of this kind require prolonged use. You come the next day after the use of a remedy of this kind and find no abatement of the symptoms; do not stop your remedy, continue it and you will notice the benefit on your next visit.

Dr. Stewart: "Men of the new school never go to the old school if they are men of intelligence. It is a half pound of Salicylic acid to-day, to-morrow a hypodermic syringe and the day following five grain capsules of quinine. The better we know the homeopathicity of our remedies the less crude will be our application. Any fifteen dollar drug clerk can give Sal. acid for rheumatism, Quinine for malaria and Mercury for syphilis as well as the empiric physician."

Dr. Stough begins the treatment of diseases of digestion in children with a dose of castor oil.

Dr. Burnham: "Homeopathy is the right remedy in the right place. Homeopathy does not limit the dose, it is the

applicability of the remedy. Our field is not to fight the old school, but to fight for science, irrespective of school.

Dr. Hedges believes in castor oil, as he always uses it—to grease his buggy.

There are 166 homeopathic physicians in Colorado; 37.35 per cent. are members of the state society. How many states have a better record than this?

The thanks of the society for Tuesday evening's enjoyable entertainment are given unanimously to the hosts of the evening, Drs. George E. Gray, Genevieve Tucker and Ziba D. Walter. This will correct an error in the minds of many, who supposed that the society was the guest of the Pueblo physicians.

We cannot close with a more fitting quotation than that from the immortal Hahnemann, as used at the close of the president's address: "The physician's highest and only calling will be to restore health to the sick, which is called healing; the highest aim of healing will be the speedy, gentle and permanent restitution of health or alleviation and obliteration of disease in its entire extent in the shortest, most reliable and safest manner, according to clearly intelligible reasons."

SIMON PURES.

Editor Critique—In your June issue you very kindly gave place to a communication of the undersigned that carries a false idea in regard to the Medical Advance list of single remedy prescribers. We assumed at that time that the directory was simply their subscription list. We desire to acknowledge our error, as the September issue of that very valuable journal informs us that "many names in the directory are not readers of the Advance." The directory has been compiled from various sources, but no name is admitted without "some evidence of the homeopathy he or she dispenses."

Colorado is burlesqued in this directory by two "simon pures," and according to the news department of the Advance, in the same issue, the Denver s. p. has moved to Sewickley, Allegheny county, Pennsylvania. The other one may be living, and we have tried to secure some evidence of it, but beyond the fact that our letters are not returned, she might as well be dead.

We have a college here in Denver and, according to the Advance, not even one s. p. in the whole faculty. The chair of Materia Medica and that of the Organon one would naturally think ,should have at least a glimpse of simon pureness about

it. Now, Brother Advance, are you not doing our college an injustice in saying that Dean Willard, Professor Peck, Professor Dodge and Professor Mastin, with Instructor Mussman, are not, any of them, worthy to associate with your s. p. crowd? And then there is our Professor Burr, who lectures upon the Organon, is he unfit for that job or has the Advance made a mistake? The thought comes to us that possibly we are not any worse off than other colleges, so we hunt up the announcements of Boston, New York, Philadelphia, California, Pulte and and the Chicago Homeopathic, and we find that there are just two s. p.'s connected with these same chairs in these six colleges. We look for Arndt and find him not; Goodnow, not there; Cowperthwaite, non est; Boericke's principles very shaky; Kent, Kent, the dean of the only simon-pure Homeopathic college on this mundane sphere—evidence evidently not all in, but what has been received up to the hour of going to press left him in the not proven class. Come, Brother Advance, withdraw your list until you can publish one that is not a burlesque, for as it stands now we might be accused of being "unfair" because we might send a patient to some mongrel like the dean of the only Homeopathic College in Chicago, or the editor of the Hahnemannian Advocate.

EDWIN JAY CLARK.

September 29, 1902.

In the supplement to the Journal of Tuberculosis the whole subject of tuberculosis is covered by a series of articles written by Dr. Carl Von Ruck. For controling the cough of pleurisy, one of the complicatons of phthisis, the doctor says (January, 1902, page 101), "Cough must be allayed by heroin, codeine or even morphine, the choice being in the order named, but only when required on account of severe pain. I have also employed papine, which has given me very satisfactory results and which possesses the very desirable advantage of not causing constipation."

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The Critique had a pleasant call from Dr. Henry S. Fendler, the gentlemanly representative of the well-known house of Reed & Cormick. Dr. Fendler was enthusiastic in the praise of Protonuclein, Peptenzyme and a new antiseptic, Zymocide. From our favorable experience with the two former preparations, all that is necessary for this house is to follow up the good detail work being done by a visit to the profession monthly through the medical press, instead of detail work once every five years. This is too much like angel's visits.

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
JAMES WILLIAM MASTIN., M. D., ASSOCIATE EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 230-231-332 Majestic Building, Denver, Colorado.

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EDITORIAL COMMENT.

A letter from Dr. S. S. Smythe, dated at San Francisco, September 30th, advises the associate editor that he has concluded to bring his vacation to a close, return to Denver and the practice of his profession. The doctor has had the longest play spell this time that he has ever indulged in since he entered the medical ranks, and his many friends, both in and out of the profession, will be pleased to know that his health has been very greatly benefited thereby, and will extend him a most hearty welcome on his return, November 1st, which date he has selected on which to resume business. His office will be with Dr. Mastin, rooms 230-1-2 Majestic building, and he will take his old office hours: 9 to 10:30 a. m., and from 2 to 3:30 p. m. M.

We are exceedingly sorry that space in The Critique is so limited that we are obliged to exclude several very able and interesting papers read before the Homeopathic State Society last month. In order that there might be no discrimination against any one subject, we have selected those pertaining to Materia Medica this month, they being in the majority from a numerical standpoint, and will publish the others later on. M.

It seems to have been the unanimous opinion of those who attended the recent meeting of the Homeopathic State Society, held at Pueblo, that in case an additional Asylum for the Insane be provided by the forthcoming legislative bodies, that the same should be placed under homeopathic supervision. There is no doubt but what this sentiment will receive the hearty approval of a majority of the intelligent voters and taxpayers of the state, who realize that the "regulars" have grabbed everything in sight and are constantly on the lookout for new worlds and new public institutions to conquer; but if the homeopathic profession of the state imagine that all they will have to do will be to pass resolutions stating that "it is the sense of this society," etc., in order to bring about a change in these conditions, they are very much mistaken, as there is no doubt but what, regardless of how much they may agitate the question and resolute concerning it, that they will meet with a vigorous opposition at the hands of their allopathic brethren, who will be on hand with an array of "whys" to back up their claims for a continuance of public favor which will make the emasculated resolution, passed by the State Society, look exceedingly ill, unless the aforesaid resolution is supported by a choice collection of correct conclusions, based upon actual facts. When the legislative committee appointed at the meeting of the State Society goes before those representative bodies known as the state legislature and senate, with nothing more than the very matter-of-fact resolution by the State Society to back them, to which, of course, will be added the firm conviction of the justness of their cause, they may be confronted by an inquiry regarding their political peculiarities, but beyond that no one will ask, neither will any one care, whether the legislative committee aforesaid, and the people whom they represent, are Methodists, Homeopaths or Hottentots, but the members of the before-mentioned representative bodies will insist upon exercising the undisputed privileges of the man from "Mizoo" and will expect to be "shown;" this being a fact, we cannot account for the very violent attack of "buck fever" which overtook a majority of the members of the Pueblo convention when it came to the question of voting on the reasons which were embodied in the original resolution, declaring "That it is the sense of this

society that should there be established another Insane Asylum, it should be under homeopathic control, because:

But right here, dear reader, the string broke and six good and sufficient reasons were put in the waste basket. It was just such energetic and enthusiastic effort (?) on the part of Selden H. Talcott and his associates, over a quarter of a century ago, which secured for homeopathy the control of one public institution—the Hospital for the Insane at Middletown, New York, I don't think—and it is just this kind of weak-kneed agitation (?) which has, no doubt, by this time caused Selden H. Talcott to turn over in his grave, but beyond producing this grave condition it will hardly have any other very startling effect. M.

THE "PROMINENT CITIZEN" GETS IT AGAIN; ALSO THE EXPERT PHYSICIAN.

This is the fourth "prominent citizen" that died from the "successful operaton" for appendicitis during the last month:

We had gone to press last week when the death of Alvin C. Dake occurred. His sudden and unexpected demise filled us with regret. Alvin was a companionable sort of a fellow, big-hearted and generous to a fault, and he will be sadly missed in our community. The daily papers say that his death was due to a rupture of the appendix and gall bladder. The same account tells about Dake being taken suddenly ill after eating cantaloupe, and how he was immediately rushed off to the hospital and operated on by "skilled physicians" for appendicitis, and how afetr the operation was made it was found it was not his appendix that needed cutting out, but the gall bladder. "A successful operation" was performed on the offending gall receptacle, so the same account says, and that organ was accidentally cut by the surgeon's knife. The wound was packed in antiseptic cotton, but the poison invaded his system. And yet there is no howl going up from the Christian Scientists and others who do not believe in this sort of thing, demanding a State Board of Medical Examiners to hang these physicians for malpractice.

We have no doubt the physicians did the best they knew how, but that doesn't alter the fact that Alvin C. Dake is dead. The chances are about a hundred to one that nothing ailed him except an old-fashioned attack of cholera morbus, something that would have disappeared had he adopted up-to-date methods of such lunatics as the editor of George's Weekly, who has no hesitancy in saying that he believes a three-days' fast would have brought him out of this difficulty entirely and he would have been with us here to-day. The more we see of physicians anxious to cut people, the more inclined we are to take off our hat to old mother earth and embrace her fresh air and sunshine and pray to be delivered from the man who likes to see his name in the daily papers as an expert physician.—George's Weekly.

FOR TESTING THE POTENCY QUESTION.

Editor Medical World: The homeopathic idea of drug potentisation, upon its face, bears the mark of not only improbability, but of absolute impossibility. That any substance, diluted, attenuated, or "potentiated," by distilled water, alcohol, or sugar of milk, on and on until neither microscope, spectroscope, chemistry, nor any other physical means known to science can demonstrate the presence of said substance in any degree, and yet the characteristics of said substance shall not only be there, but often in a greatly intensified degree, is something that does not appeal to the reason of the average mortal. I have fully acknowledged the utter foolishness of the thing upon its face, and the burden of proof lies with us. So I come to the readers of The Medical World with the following proposition: I will send to any physician of any school a two dram vial of No. 30 pellets, medicated with the thirtieth potency of a given drug. Said physician must pledge his word that he will follow directions perfectly, and that he will report results at the end of thirty days to the editor of this journal. When the reports are in I will divulge the name of the drug thus proved. Of course, I do not need to guarantee that no lasting harm can come to the prover. The prover should be in fair health, and his habits should be at least moderately temperate. If any physician does not care to make a personal proving, he might choose a suitable proxy among his or her friends.

And thus I throw down the glove, and let this fundamental tenet of the homeopathic school stand or fall by the result. I only demand and expect fair treatment on the part of the provers, and may the right prevail.

S. E. CHAPMAN, M. D.

Napa, Cal.

Do you wish to take the trip of your life? Then you are cordially invited to join the next tour to Europe under the personal care and guidance of Dr. Frank Kraft (editor of the American Physician), 57 Bell avenue, Cleveland ,Ohio.

Dr. Kraft's party sails from New York for Naples first week in July, 1903, visiting Naples, Pompeii, Vesuvius, Rome, Pisa, Florence, Bologna, Venice, Milan, Genoa, the Lake of Como, St. Gothard tunnel (under the Alps), climbing the Rigi-Kulm, Zurich, Lucerne, Schaffhausen, the Falls of the Rhine, through the Black Forest to Strassburg, Heidelberg, Mayence, an entire day on the Rhine to Cologne, Amsterdam, Rotterdam, Antwerp, Brussels, Paris, Versailles, St. Cloud, Fontainebleau, London and environs, Shakespeare district, coaching tour to Warwick and Kenilworth, Dublin, Liverpool, New York (Quebec or Montreal).

Time, sixty days, more or less. Price per person, $510-$550. This means three meals daily, in bed every night, no travel on Sunday, first cabin on ocean, railway tickets in Europe, tickets on channel, rivers and lakes, care of baggage, and drives in larger cities.

Dr. Kraft is the ideal guide; he speaks all kinds of dead languages, and from our personal experience with him, uses English in a terse, pointed, staccato, Emersonian manner, that in itself is an education. He has written a circular letter that tells all about the trip, which will be gladly furnished upon application.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Don't overlook the article headed "Simon Pures," in this issue.

Dr. G. P. Howard has taken offices in the Steele block, corner of Sixteenth and Stout streets.

The report of the state society's meeting, to be found in this issue of The Critique, is pretty good reading, thank you.

Dr. Arthur Louis Peter has located in the Mack block, rooms 403-4, and is associated with Dr. Clark, a former Ohio man.

Mrs. Dr. J. W. Mastin left for a month's visit to friends in Kansas City, Chicago and different points in Ohio the 2nd of this month.

Fred C. Shaw, the popular druggist located opposite the Brown Palace, accompanied by his family, left for Zanesville, Ohio, the 2nd of October.

The Denver Homeopathic College is now in good running order with a very comfortable attendance. We learn that new students are being enrolled almost daily.

Dr. H. S. Gardner, a prominent homeopath from the Sunflower state, located at Lawrence, paid a visit to Denver the fore part of September and visited with the brethren of his faith several days.

Drs. Vinyard and Roosevelt returned to the city the fore part of last month after a month's sojourn in the mountains, where they enjoyed themselves immensely.

"San Francisco in 1904" is the cry of Editor Kraft of the American Physician. This refers to the meeting place of the A. I. H. that year, and will be heartily seconded by the Denver fellows.

Dr. Stewart's lecture at the college the 18th of last month, which "started the ball rolling" for the 1902-3 session of this institution, was quite largely attended and most thoroughly enjoyed by every one present.

A postal card from Dr. Ch. Gatchel, secretary of the A. I. H., Chicago, requests to "please acknowledge receipt editorial copy transactions 1902." We would be glad to do so, doctor, but up to date the aforesaid has not showed up.

Mr. E. B. Childs, a senior at Hahnemann, Chicago, paid this office a visit the 15th of last month. The doctor is looking up a location against that happy time when he leaves his alma mater, and seems to think that some town in Colorado will, eventually, "look pretty good to him."

Dr. Bowie, one of the graduates of the Denver Homeopathic, and located at Avondale, Colorado, was in the city for a short while the fore part of last month. The doctor had been east on a short vacation and was returning to his professional pastures green, where, we are pleased to say, he has found the "grazing" abundant and profitable.

We learn, indirectly, that Dr. Joseph P. Cobb, the president-elect of the American Institute of Homeopathy, is no longer of Chicago, but that he has become a resident of Lincoln, Nebraska, with his friend and companion, Dr. Benjamin F. Bailey. So that it would seem that Chicago again has not got the Institute president.—American Physician.

Edward Mersfelder, graduate of the Le Baineum Hydropathic Institute, Ren des Methurine 18, Paris, will lecture to the nurses of the Homeopathic Hospital during the coming winter. He is a trained nurse and professor of external therapeutics, who is being patronized quite extensively by the physicians of the city.

Dr. J. H. Morrow has asked that his place in the faculty of our local Homeopathic College be filled. The doctor has moved his office from the Steele block to 910 Sixteenth street, and will devote the next few weeks of his stay in Denver to collection of back accounts and the closing up of business, preparatory to moving to Beaumont, Texas.

Dr. Hedges of Grand Junction, after participating in the doings attendant upon the state society's meeting at Pueblo the 16th and 17th of last month, made a flying visit to Denver and visited among the homeopathic brethren hereabouts for a few days. Besides being a thorough homeopath, he is the father of five boys and should be a happy man. "May his shadow, etc."

Dr. Samuel F. Shannon, for years of Denver, well known as a conscientious homeopath, has removed from that city to Sewickley, Allegheny county, Pennsylvania. The Advance wishes Dr. Shannon unbounded success in his new home.—Medical Advance.

So, according to the Advance, there is just one single remedy prescriber left in Colorado.

Sir Frederick Treves, who was one of the surgeons in attendance on King Edward during his recent illness, says in a recent article: "The greater proportion of cases of appendicitis recover spontaneously, and it is probable that the general mortality of the disease—if examples of all grades be included—is not above five per cent."—Medical Century, September, 1902.

For Sale—Practice, property, drugs and instruments in Colorado town of 7,000. Property consists of nearly new house containing office and residence and rooms fitted up for sanitarium. Rare chance for first-class man seeking best winter climate in Colorado. Terms, one-half cash, balance on time at low interest. Address A. B., The Critique.

The Denver Orphans' Home, located at Denver and East Colfax, will hereafter be under homeopathic medical supervision. Dr. J. B. Brown has been appointed physician in charge, with Drs. J. B. Kinley and Grant S. Peck to look after the afflicted in their particular lines of practice. We have no doubt but what the health of the youngsters will be looked after with conscientious care, as Dr. Brown is not in the habit of doing things in a half-way manner.

"Our college of the 'Queen City of the Plains,' which is the only institution teaching similia in the vast territory lying between the Missouri river and the Pacific coast, opens its annual session on September 18th and holds its commencement on April 23rd. This college, because of climatic conditions, draws from all sections of the country, and it is doing good work in the land of sunshine, blue sky and tonic air. Its faculty is a good one and has been recently strengthened by the addition of good material."—Medical Century, September, 1902.

This refers to the Denver Homeopathic.

Dr. Maurice C. Ashley has been selected to succeed Dr. Seldon H. Talcott as superintendent of the Middletown (N. Y.) Hospital for the Insane. Regarding this wise choice by the lunacy commission the Medical Century says:

"He is thorough going, capable, resolute, unselfish, skillful and resourceful. His life has been spent among the insane, beginning at the bottom of the ladder, working his way up to his present position by close appliaction and attention. In Middletown he has held the successive positions of third assistant physician, second assistant physician, first assistant physician, and, since the death of Dr. Talcott, acting superintendent. He has won the admiration of a host of friends, and the state of New York has committed the Middleton State Hospital into wise and judicious hands."

May Dr. Ashley's term of service extend beyond the length of that of his predecessor by the number of years served by the latter, so that homeopathy may be represented in one state institution by a good homeopath, and as it was taught by Talcott.

Dr. J. M. Walker had a narrow escape from death at Thirteenth and Lincoln avenue last evening about 6:30 o'clock. The team belonging to steamer No. 1 of the fire department, which was being exercised by Victor Roberts, son of Fire Chief Roberts, who is assistant driver, ran into Dr. Walker's buggy, completely demolishing it and throwing the doctor out. Dr. Walker sustained painful but not serious bruises about his left arm and leg.

The accident occurred about a block from Dr. Walker's residence, No. 1265 Broadway. He was on his way home after visiting a patient and was driving down the hill on Thirteenth avenue. Young Roberts was riding Daffey, one of the fire horses, and leading Oom Paul, the other. The team has not been very heavily worked recently and were very restless. They were going up Lincoln avenue toward Thirteenth avenue at a terrific rate of speed and were almost beyond Roberts' control. It was dusk, but not so dark but what the rider could see Dr. Walker's buggy coming down the hill. At the same time a moving van was coming down Lincoln avenue toward the approaching fire horses. It was difficult for Dr. Walker to stop his horse, as the grade is very steep at this point and the fire horses were going too fast to be stopped at such short notice. The fire horses crashed into the buggy. Daffey sustained



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a severe cut on the right side, caused by the spring on the buggy as the vehicle turned over. The cut is very deep and may possibly ruin the animal for future service on the fire department if it does not result in her death.

Dr. Walker was able to walk to his home. The ambulance was summoned but the services of the police surgeon were not needed. Roberts was uninjured.—Republican, October 5th.

Wanted—Position as assistant to older man in general practice of surgery by young physician of nine years' experience. Graduate (Hahnemann, Chicago) New York Post Graduate College; also specialist nose, ear and throat; New York and Chicago references given. Address W. H., care Journal.

For medicinal purposes one should always use pure, distilled whiskey—not a decoction of chemicals. The same can be secured from the old reliable house of T. C. Casper Co., Winston-Salem, N. C. Read their offer on page 14, this issue.

BOOK REVIEWS.

The International Text Book of Surgery. By American and British Authors, Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital, and A. Pearce Gould, M. S., F. R. C. S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England. (Volume II., Regional Surgery.) Published by W. B. Saunders & Co., Philadelphia, Pennsylvania, 1900.

This excellent work, like its companion, the first volume, is divided into chapters and each chapter is almost a volume in itself. Chapter I. treats of the Surgery of the Mouth and Tongue; Chapter II., Diseases of the Jaws and Gums, Pharynx and Tonsils; III., Surgery of the Nose; IV., Surgery of the Neck; V., Surgery of the Esophagus; VI., Surgery of the Thorax, and the remaining twenty-seven chapters are devoted to Surgery of the Breast; The Technic of Abdominal Surgery; The Diagnosis of Abdominal Diseases; Peritonitis; Acute Intestinal Obstruction; Surgery of the Stomach and Intestines; Surgery of the Vermiform Appendix; Surgery of the Liver, Gall-bladder, Biliary Passages and Pancreas; Hernia; Diseases of the Rectum and Anus; Surgery of the Penis, Urethra, Prostate and Bladder; Surgery of the Ureters; Surgery of the Kidneys; Surgery of the Scrotum and Testicle; Gynæcology; Surgery of the Uterus; Influence of Age and Race in Surgical Affections; Gonorrhœa, Syphilis; Surgery of the Eye; Surgery of the Ear; Surgery of the Skin; Military Surgery; Naval Surgery; Traumatic Neurosis and Tropical Surgery. Besides this very complete treatment of the different departments of surgery the work contains 471 illustrations in the text and eight full plage plates in colors.

J. W. M.

Diseases of the Eye. By G. E. de Schweinitz, A. M., M. D. Published by W. B. Saunders & Co., Philadelphia. Price, cloth, $4.00; sheep or half morrocco, $5.00. Third Edition, Thoroughly Revised.

In this volume of nearly 700 pages the author has given to the ophthalmologist, in a clear and scholarly way, a treatise of the subject in hand that will be at once a practical aid in the treatment of the various affections of the eye, and at the same time be of interest in setting forth the latest discoveries and teachings of this science. A feature of the work, and one which cannot in any text book be too extensively elaborated upon, is in giving the treatment of various eye affections. In this work one is impressed by the care of the author to give in explicit terms the treatment, and also the care of the various stages of the diseases. Too much is often taken for granted in treating of this especial branch of medicine, and while to some this may seem to be sufficient, to the great majority of medical men careful attention to detail in the subject of treatment greatly enhances the opinion of the author in the minds of the profession.

In this work the author has not only given the recognized treatment, but has enriched it by much personal experience. The newer subjects, such as Koch-Weeks Bacillus Conjunctivitis, wherein the so-called "Pink Eye" of the laity, is given the attention this subject deserves, and which has not been as concisely treated before; Pneumococcus Infection of the Cornea, Oyster Shucker's Keratitis, Rontgen Rays for Detection of Foreign Bodies in Vitreous, and other subjects appear for the first time; also the uses of the newer local anæsthetics as eucain and holocain.

The general practitioner will find the work a valuable addition to his library, and it will greatly aid him in familiarizing himself with this important branch of medicine. There is no padding. The chromolthographic plates, while not as numerous as one might wish, are both instructive and artistic. There are 255 illustrations, most of which are improvements over those in text books of a few years ago.

The type and general topography are alike models of the bookmaker's art. GRANT S. PECK, M. D.

A Text Book of Materia Medica, Therapeutics and Pharmacology. By George Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois; Professor of General Medicine and Diseases of the Digestive System, Chicago Clinical School; Attending Physician to Cook County Hospital; Member of the American Medical Association, Illinois State Medical Society, Chicago Medical and Pathological Societies and Chicago Society of Internal Medicine; Fellow of the Chicago Academy of Medicine, etc.

Not being at all familiar with this species of literature we hardly deem ourselves capable of reviewing this very excellent work in the manner it deserves, as to us it is so wholly irregular that we could put it to very little use from a practical standpoint. No matter how thoroughly prejudiced we may be, however, regarding this form of practice, one need not be at all observing to see that this work is arranged in a systematic and highly creditable manner, and to students and practitioners of the dominant school is a work that would be of great value. The fact that it is issued by W. B. Saunders & Co., Philadelphia, should be sufficient guarantee of its reliability. J. W. M.

THE CRITIQUE.

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THE SANATORIUM TREATMENT OF TUBERCULOSIS.

BY DR. JOHN E. WHITE, COLORADO SPRINGS, COLO.

One of the greatest problems which is agitating the civilized world at the present time is how to prevent tuberculosis and how to care for those who are afflicted. Germany has demonstrated that it is compulsory for the governments of individual countries to combat with this terrible scourge which costs more lives every year than scarlet fever, diphtheria and smallpox combined. It is certainly time that forcible measures were taken, and all countries seem to be following Germany's lead. It is not for me to speak upon the pathology, or to give statistics of the disease in this paper. We will simply assume that every intelligent physician believes that the bacillus of Koch is the true cause of tuberculosis, and this being an established fact the only danger is in the sputum of the consumptive. Starting from this standpoint, the question is not only how to teach the individual consumptive to care for himself in such a way as to prolong his life or effect the cure, but especially how to care for his sputa so that other cases will not be caused by his carelessness.

It is only when you have a case under your special care and wafchful eye in a sanatorium for several months that this education can be made perfect. In such a place the patient is made to live according to strict rules, absolutely under the control of the medical man every hour in the twenty-four. After an experience of almost a year in conducting such an institution in Colorado Springs, I am more than impressed with the value of the sanatorium, not only for the patient himself and his family, but for the community at large.

Four great factors are absolutely essential in the care of tuberculosis, without each one of these very little benefit is produced. First, fresh air; living almost constantly in the

open air is easy enough to enforce in private practice in the summer, but it requires constant urging in a sanatorium, in winter, to crowd patients out. Second, good food; the right kind and lots of it. How can you expect to put on flesh and not eat? The average consumptive craves just what he ought not to have. Milk, beef, beef juice and eggs should be crowded to the utmost; as there is more waste going on, it stands to reason that more food must be consumed than in health. The process of stuffing has been given a good trial abroad. It is no longer a theory untried; it has been successful, so let us adopt it.

Third, the judicious use of the cold bath or plunge in temperature cases as a fever reducer and as a general tonic. Have you ever had a consumptive apologize when you were about to make a physical examination for not having bathed for some time? Look at his dead, inactive skin; try a few cold baths and watch the effect upon the temperature, also as a tonic. Baths are best given in a sanatorium where skilled masseurs can administer them.

Fourth, the last and perhaps the most important factor of all is contentment of mind. The first duty of the physician is to assure the patient that he has a curable disease, but that his cure will depend largely upon himself and his willingness to follow every detail of the sanatorium treatment. In a sanatorium it is possible to keep every one in a cheerful frame of mind. A word to this one, a smile to that one and sometimes a stern word to another will keep the blues from all. The great trouble is that the majority of consumptives, while they may seem to look cheerful, under it all they feel it is a hopeless task to get well. But the medical director can so enthuse each and every one that the patient is given many more chances of recovery. The success of any sanatorium depends upon the energy, zeal and enthusiasm of the medical director. Look at such men as Detweiler, Brehmer and Walthers abroad and Trudeau in this country. They have made the sanatorium treatment what it is to-day. So much for the four great factors in brief. Let us follow a little more in detail each one. First, fresh air. This should be at first given in a semi-sitting posture, in temperature cases. As the temperature gets below 100

degrees and near to ninety-nine degrees, the rest plan can be abandoned a little, letting patient exercise and go about a little, but so long as temperature rises each afternoon and evening above 100, the absolute and complete rest should be insisted upon, and this, too, in the open air. No matter what the weather is, or how cold it may be. Patients can be made comfortable upon a steamer chair, with plenty of rugs and soapstones. Most consumptive patients will kick at first and will want to hover over the grate or stove, but after gentle urging and a fair trial will be more enthusiastic; in fact, patients will try to rival each other in the number of hours spent out each day. This is productive of much good. In Colorado it is absolutely possible to live out every hour in the day, every day in the month and every month in the year. If fresh air is so important, then the more of it the better, even sleeping in tents at night, or if that is not possible, in canvas-protected verandas, or in bed rooms with all windows wide open. I believe the tent life comes nearest to the complete plan and in my opinion the Gardner tent meets every demand. It is octagonal in shape, having a strong frame of wood and iron, and is covered with the best army canvas. The fact that the tent is eight-sided insures safety against the wind, which can get no purchase upon it. The floor is of matched woods, stained and varnished, and there is a ventilator two inches wide all around the outside edge which corresponds to the perforations at the base of a lamp chimney, while the ventilator in the top of the tent covered by a galvanized iron umbrella which can be raised or lowered from the inside, corresponds with the top of the lamp chimney and creates a continual, even draught of fresh air. The tents contain stoves and are furnished just like rooms in a house. Attendants build fires before patients arise in the morning and before they retire at night. In this way patients can sleep out and not be in a direct draught, and the fear of being sick in the night and not being able to call help is overcome by a system of electric bells which communicate with the nurse's tent and then again with the doctor's room. At Nordrach ranch we carried some twenty-five patients through last winter when the thermometer at times stood eighteen below zero. We did not have a single cold and our

temperature charts will show that patients in tents carried less temperature than those we had in the central building. In the eastern states perhaps the tent plan would not be as satisfactory. The cold, sharp, dry air of Coolrado acts like a tonic, and I believe that our wind is a virtue, as it has a stimulating effect upon the cutaneous surface. After carefully watching our colony through one winter and through the hot weather of this past summer, I am convinced that tubercular patients do far better here in winter than in summer. We certainly have found it far harder to keep temperatures down and to put on flesh during the past summer than we did last winter. It is certainly a great mistake for patients to flock south for the winter.

In regard to bathing, I believe that a patient carrying temperature at 3 p. m. or 8 p. m. above 101 degrees should have a full cold bath of at least ten minutes at the time of the highest temperature; of course the temperature reduction by the cold bath is not permanent, but it will reduce it for several hours, and the tonic effect is farther reaching. A rest of an hour should follow each bath; brisk massage should not follow a bath, because it invariably brings up temperature again.

In regard to food, I believe the diet and method used at the Nordrach sanatorium in the Black Forest of Germany, under the very able management of Dr. Walthers, is the very best now to be found anywhere. This small sanatorium, with only a capacity of forty-five patients, is located thirty-five miles from Strasburg. Here three meals are given in the day, breakfast at 8 a. m., consisting of coffee, bread and butter and cold meat, such as ham, tongue, sausage, etc., and a half litre of milk; this, after a time, is reduced to a quarter litre, according to the patient's capacity and need for putting on flesh. Dinner at 1 o'clock consists of two hot courses of meat, or fish and meat, about four to six ounces being served to each patient, with plenty of potatoes and green vegetables and sauces in which butter is the main ingredient. The third course may be pastry or farinaceous pudding, fruit and ice cream, with coffee and a half litre of milk. Supper at 7 usually consists of one hot meat course, as at dinner, and one cold, as at breakfast, tea and a half litre of milk. The two latter meals must be taken

under the supervision of the resident physician, and servants may not take away plates until everything has been eaten. Roughly speaking, the patient eats about double the quantity of food he desires. Pyrexial cases in bed have the same diet, with, if anything, slightly larger portions, and it is found that the absolute rest in bed and overfeeding are the most potent measures of reducing temperature. Patients rest on their couches from 12 to 1 and from 6 to 7 before meals; on this plan patients invariably gain in weight, averaging two to three, or even four pounds per week for the first few weeks, and afterwards by smaller increments. Not only fat but firm muscle is formed and it is not uncommon for patients to gain one-quarter to one-third of their total weight in this way. Patients are not unfrequently sick during or shortly after a meal. If this happens they come back and finish the meal, finding, as a rule, no difficulty in retaining the remainder. The rest before meals and the long intervals between are valuable aids to complete assimilation and dyspepsia is, on the whole, rare. If present, it usually disappears as nutrition improves. Cases of active disease with high fever are treated by rest in bed and overfeeding, and usually by isolation, any exertion, such as talking, being spared as much as possible. When temperature remains below thirty-eight degrees centigrade in the evening and below thirty-seven degrees centigrade in the morning for a week or ten days, the patient is allowed a short walk in the morning, beginning with fifty yards or so and gradually increasing the distance tentatively. If the temperature tends to rise in the morning to thirty-seven degrees centigrade, or above, rest is again resorted to. Patients take their own temperatures in rectum four times per day, on waking, at 12 o'clock, immediately after a walk, at 5:30 p. m., and at bed time. This, to my mind, is the only weak point at Nordrach. Patients ought not to know or take their own temperatures, as it is too depressing. Walking must at first be a uniform pace, and at first several rests should be taken, so as never to cause the least fatigue. Talking, except during rest, should be avoided, particularly in going up hill, and special cases are sometimes sent to walk by themselves. The first part of the walk is usually an ascent, then a horizontal portion and a descent home. As

energy revives the distance is cautiously increased, regard being given to the temperature until several miles can be done involving a climb of 500 or 600 feet during the morning, but a slow, steady gait must always be observed. The afternoon is usually spent in rest, or a short walk, and patients go to bed about 9 or 9:30. The physician visits each patient three times daily, before each meal, except those who are convalescent. To such patients one visit daily is considered sufficient. Each patient is provided with either Detwiler pocket flask or a Seabury & Johnson hand cuspidor to receive sputum, and spitting elsewhere is absolutely forbidden. The chest is examined monthly, and at the same time sputa is very carefully examined for tubercle bacilli. The results of this treatment are in a majority of cases extraordinary. Dyspepsia disappears, anaemia gives place to a healthy color, weight is made to the extent of twenty to fifty pounds, cough and expectoration diminish and physical signs correspondingly decrease, the whole constitution becoming totally reorganized. Finally bacilli can no longer be found in the expectoration. As a final test some expectoration is injected under the skin of a guinea pig and an interval of three or four weeks is allowed to pass; if no signs of tuberculosis develop in the animal the patient is allowed to return home, often to do moderate work at once, which is regarded as the best mode of securing the favorable changes induced in the lungs. So to size the whole treatment up at Nordrach, it consists of, first, an absolutely open air life for every variety of case (whether acute or chronic, accompanied by fever or apyrexial), in all weathers and seasons, by night and by day. Second, a regular course from first to last of overfeeding—stuffing would be a more appropriate term—with a rich and varied diet, including much meat, milk, fatty and farinaceous food, given in large quantities at a time with long intervals between meals. Third, a judicious combination of exercise—hill climbing, carefully regulated and carried out, so as to always fall short of producing either dyspnoea or fatigue, in order not to interfere with the processes of repair—with a maximum amount of mental and physical rest. Fourth, every patient is under the constant personal supervision of the physician, a vital and distinctive factor in the treatment.

I am indebted to Fowler & Goodlee's work upon "Diseases of the Lungs" for this description of Nordrach. The writer goes on still farther and says that during a year's residence at Nordrach he has never known a patient to take cold or chill. Every arrangement tends to force patients to the open air and to overcome their natural timidity of drafts and damp clothes. It is found from experience, which has been fully tested, that no amount of exposure to draughts or wet or any variation of weather causes the most delicate patient to take cold or any other harm so long as an open air life is lead; casement windows forming almost one side of the bed room are almost always open, though closed at times in winter to warm the room when it is unoccupied. The windows of the dining hall are actually taken out during a large part of the year. Patients have no sitting rooms and must be out all morning for the daily walk, however short. This kind of life, at first uncomfortable, becomes in time quite natural, inducing a hardening to cold and heat and renders a return to town life at first quite distasteful. I have given this lengthy description of Nordrach because it is the most successful sanatorium abroad, and because I can heartily recommend the method after having tried it thoroughly for the past year at Nordrach Ranch, Colorado Springs. With the exception of two details, we do not let patients know their own temperatures, and at bed time give each patient another one-half litre of milk, plain or with an egg in it, to be taken at bed time or during night, if patient desires it. William A. Osler states that digestion and assimilation control the situation. Put flesh on a consumptive and the local condition can be left to itself. Trudeau, in this country, at his Saranac Lake sanatorium, has fully demonstrated the value of the outdoor life and overfeeding. There is also an institution at Loberty, New York, one at Sharon, Massachusetts, one at Rutland, Massachusetts. The Canadian government has one at Muscoka, Canada. This government has one for the navy at Fort Stanton, New Mexico. In Germany there are forty such institutions, in England about twelve and many others are to be found in nearly every other country abroad. So, taking it

all in all, there is a general movement throughout the civilized world to place tubercular patients in closed establishments. Far advanced cases should never be admitted to a sanatorium proper to mix with those not so unfortunate. They depress the others. Hospitals should be provided for the far advanced cases, but even here the open air method should prevail. Perhaps I can do no better than to quote from two standard authorities upon this subject. Knopf, in this country, perhaps stands foremost as an authority upon tuberculosis. In his work upon the prophylaxis and treatment of tuberculosis he says: "Among the methods of curing pulmonary tuberculosis I wish to consider, first, the treatment in sanitoria, as the Germans call it, the hygienic and dietetic treatment in closed establishments because I think it the most important of all. I have convinced myself by actual experience as an assistant in an important institution of this kind and by visiting in person nearly all the principal sanitorias for consumptives in Europe and the United States, that the tuberculous patient has the best chances of getting well only when he is under constant medical supervision in a sanatorium. My observations in this direction have been confirmed by comparing the results of treatment in so-called health resorts and in private practice under ordinary conditions with those of the sanatorium treatment." Hillyer, in his admirable small work upon tuberculosis, says: "Contrast the sanatorium for a moment with any other form of open air treatment at the different resorts and the advantages are perfectly obvious. No ocean steamer, hotel or boarding house can equal the advantages offered by a well-conducted sanatorium where a resident medical man is in constant supervision and the whole life of the institution is specially regulated to meet the requirements of the consumptive." I might quote many others. It is needless. The whole world is moving along this line and let us all hope that hundreds of such institutions may spring up to educate and care for the consumptive.

SOME MEDICO-LEGAL POINTS TO OBSERVE IN SUSPICIOUS DEATHS.

BY WALTER JOEL KING, M. D.

When called to cases of sudden death, or in death from unknown or mysterious causes, what should we observe, for our own information, for the protection of our patients and that the interests of justice and law be assured?

Begin the investigation by selecting some one reliable assistant. Do not trust to memory, but record in writing immediately all steps in and facts discovered during the examination. The inspection, preferably, should be made by natural light, as certain characteristic colors indicating poisoning may be overlooked when artificial light is employed.

The precise time of the examination should be recorded. Note those present and their actions, the appearance of the room, and if any attempt has apparently been made to change the position of the furniture, writing materials, etc. Observe on what substance or in what medium the body has lain, to what temperature it has been exposed and what has been the weather from supposed date of death to the present. The posture of the body between death and time of examination, whether on the back, side or face, and the position of the limbs should be recorded.

The surroundings of the body should next be observed. A plan or "snap-shot" picture of the position of the body when first seen with reference to surrounding objects, such as bedclothes, furniture, stairs, windows, doors, trees, water, instruments of violence, cups, food, vomited matter, blood, buttons, jewelry, clothing, footprints, other bodies, etc., is important. Note whether bottles are corked or not. Compare any weapon found both with the clothes and the external wound. If the deceased be found firmly grasping a weapon, suicide rather than homicide is indicated; if it be held loosely in his hands no conclusion of value can be deduced.

Any foreign bodies, as feces, urine, vomited matter, stains, etc., should be carefully noted, whether in the wound, or on the body, clothes, instruments, ground, furniture or walls. These and all other articles likely to be important as evidence should be carefully collected and sealed in separate clean glass vessels and labeled at once, so as to be capable of positive identifica-

tion in the future. The reaction, color, odor and quantity of vomited matter should be observed. The exact situation, size, form direction and number of all blood, seminal, acid or other stains should be recorded. A small portion of the stained material should be preserved for microscopical and chemical examination.

The nature, amount and position of clothing should be carefully noted, likewise the condition of the clothes, whether torn, cut, burned or blackened, and their exact position and relation to wounds on the body. The part of the clothing marked by stains as indicating the posture of the individual at the time should be observed, as also whether the stain is chiefly outside or inside the garment. If bloody, notice if the cloth is soaked through, smeared generally or sprinkled as from the spurting of an artery. Look for prints of a bloody hand or hands on the clothing or near the body; if present, observe where, and if one or both hands, or which one, and if they correspond to the hands of the individual.

Often in endeavoring to remove blood stains, a criminal in his ignorance or eagerness uses hot water rather than cold, or uses soap in the cold water. The hot water or the alkali of the soap acts on the coloring matter of the blood so that the stain is not entirely removed. Cold water will wash out the whole of the blood so effectually that no trace will remain, provided sufficient time has not elapsed to change the haemo-globin into haematin. This varies but is greatly accelerated by any weak acid. This change is rapid, also, in underclothes or other garments which have been worn next to the skin. A stain bright red in color is recent; if dark or brown it is not necessarily a proof that it is old.

As explained above, the absence of a stain is not evidence that there has not been blood on the article. Neither does the presence of blood absolutely prove that it came from the individual or that the stain was made before death. In fact, in criminal cases, the murderer may sprinkle or pour the blood of an animal around a wound in order to have it appear that enough blood was lost to cause death. Or he may have used acids or other poisons to simulate suicide, or he may even have hung the body after death to divert suspicion. If the body is hanging, note its posture and how much rests on the ground; also observe if there is evidence of a flow of saliva from the

mouth; this is a vital act and is invariably present when suspension took place during life.

The condition of the hands and nails may afford evidence of a struggle before death. Notice whether or not the ends of the nails are split or bitten. The precise nature of foreign substances under the nails should be noted and should be preserved for comparison with matters near which the body was discovered or through which it has been dragged. The hair clutched in the fingers or embedded under the nails may prove very valuable evidence.

Particular notice should be taken as to the presence or absence of post-mortem rigidity. The degree and nature of manipulation which a body has undergone, as by removal from place of death, should be ascertained.

The external examination being completed, the clothes should be removed and should be preserved for use as evidence.

Record the axilliary temperature, sex, complexion, general type of face, race and nationality, expression and color of face, position of head and jaw, color and other characteristics of the hair of the head and face, the color and condition of the eyes and pupils, condition of the teeth, mouth and tongue, height and other measurements, approximate weight, probable age and occupation, development, emaciation, whether lean or fat, and the state of preservation or putrefaction. Also note the color of the skin, deformity or loss of any member, scars, eruptions, condylomata, tattoo or other marks, condition of external sexual organs, mammae, nipples, areola and the presence or absence of linea albicantes and brownish pigmentation along the linea alba. Examine carefully all the inlets and outlets of the body, as serious or fatal wounds may be inflicted through these orifices.

Concussion of the brain is usually accompanied by some local injury to the scalp, but a blow over the praecordia or epigastrium resulting in instant death may leave no trace, either external or internal.

The nature, exact position, shape, length, breadth, depth, direction and contents of all wounds should be observed; also whether all wounds found on the body were apparently inflicted with the same instrument. Particularly should the edges of all wounds be examined. Usually those produced by a sharp cutting instrument have straight edges; if from a dull

or blunt weapon the edges will be more or less irregular or serrated.

The direction in which a wound was made may, with some degree of certainty, be determined by its depth. In incised wounds, where the different parts are of uniform consistency, the deepest part is commonly nearer the commencement than the end. The depth should be determined, not by probing, but by careful dissection. A deep circular incision should be carried around the wound, three or four inches from it, and not interfering with it. The integument, fascia and muscles should be removed, layer by layer, from the circumference to the center. The nature and extent of the wound may often assist in arriving at the probable manner of infliction, degree of force and weapon employed.

Eschars from burns from acids are soft and not hard, as ordinary burns, and are not surrounded by reddened skin, as are those in which heat is the causative factor. Scalds may be distinguished from burns by the blackening of the cuticle or the charring or dessication of the parts in the latter.

Gunshot wounds bleed but little, unless a large vessel is perforated. Their margins are rounded and thickened, the surrounding parts are ecchymosed and, if the discharge was fired close to the body, will probably be blackened. The entrance wound is smaller than the exist wound. Very severe or even fatal injuries may follow the explosion of powder alone, without ball or wadding, if fired at a very short distance. And a loaded pistol may be fired off with the muzzle so firmly pressed against the body that it will burst or recoil without seriously injuring the person against whom it is fired.

The question as to whether a wound was received before or after death cannot be determined accurately unless it was inflicted either a few hours before or a few hours after death. Nevertheless, the straight course of a cut is one characteristic of incisions in a dead body, and the edges will usually be found in close opposition, with but comparatively little effusion of blood and very little, if any, coagula around them. Either signs of repair or of destruction of the tissues prove positively that the wound was inflicted before death. Pus will not be found unless fully eighteen to twenty-four hours elapsed between the receipt of the injury and death.

If contusions produced during life are incised, blood will flow at once from the cut; possibly a few bloody points may appear on incision of a post-mortem ecchymosis, but no effused

or coagulated blood will escape. The presence of "black and blue" marks is strong evidence that they were inflicted during life. The shade changes from deep violet to yellow, according to the length of time that has elapsed. A dried, brown, hard condition of the skin, resembling parchment in appearance, may result from contusions received either after or before death.

That a burn was received during life is certain where there is, near it, a line of redness not removable by pressure, and also blisters filled with serum. The presence of either one of these would not prove that the burn had occurred during life, and they may be present from other causes; however, the absence of both does not point with certainty to the conclusion that there has been no burn.

The temperature of the body is of but minor importance, as determining the length of time that has elapsed since death, yet a temperature above normal would be proof that death had occurred not many hours previous.

Rigor mortis usually commences at the third or fourth hour after death, and is usually complete at about the fifth or sixth hour. It may follow immediately upon death, and is never delayed beyond twenty-four hours. It begins with the eyelids and passes downward, leaves in the same order, and once gone never returns. It usually lasts from sixteen to forty-eight hours, but may pass off in a very few minutes, or in sudden, violent death, especially in strong, muscular subjects, lasts two weeks, or even longer.

In from twenty-four to seventy-two hours a light, green color appears about the center of the abdomen. In three to five days the green color becomes intensified and spreads over the body. In eight to ten days the color becomes a reddish green over the face and neck and the abdomen and hollow organs become distended with gas. In from two to three weeks the nails easily separate and the face is so swollen as to obliterate the features and prevent their identification.

Remember, thoroughness in the examination is extremely important; incomplete or unsystematic investigation may defeat rather than aid in the administration of justice.

ANOMALOUS SCARLATINA.

BY W. A. BURR, M. D.

Within the last year over fifty cases of an unusual form of scarlet fever have been reported to the health board in Denver. Other cases have doubtless come to the knowledge of the physicians of the city. In the health office these cases have been called "The Fourth Disease," being unlike ordinary scarlatina, measles or rotheln, but having some of the characteristics of each.

In these cases the fever was not high nor of long duration. The eruption was seldom of a pronounced miliary character, continued only about five days and disappeared more suddenly than in the ordinary form. In the severest cases the eruption was of short duration and in no instance did a second eruption appear.

A marked feature was an entire absence of desquemation; in the rare cases where there was any at all it was very slight.

The angina was also present, but in a less proportion of cases, and like the skin eruption, disappeared sooner than usual.

There was less delirium than would be expected from the high fever of some of the cases. The presence of the strawberry tongue was less frequent and the sequelae were very mild or not present at all. In fact, the glands were rarely affected; the otitis and otalgia but slight, and the rheumatism very mild. Even in the severest cases of this form, scarcely any nephritis has been noted. In most cases the invasion was attended with some nausea and occasional vomiting.

A boy aged six years and in good health had a rather light scarlatinal rash, ushered in with slight nausea and angina. The fever was not high, and there was the usual course of scarlatina excepting the subsidence of the fever and the disappearance of the rash, which were unusually quick, and there was literally no desquamation. A careful search was repeatedly made and not the slightest trace of desquamation was found.

The patient was in a flat in the heart of the city, and all arrangements had been made to have him removed to the Contagious Disease Hospital. Pending some delay in the removal, the patient became better, and because there was no desquamation he was permitted to remain in the flat.

In this case there was a touch of nephritis, slight otalgia and a little hardness of hearing, but all disappeared in a few days under the ordinary treatment and the patient was well.

In another case, a boy aged ten years, the invasion was sudden, with some of the symptoms of the malignant form. He had violent vomiting, a throat like severe diphtheria, pulse 132, temperature 104.4, body very nearly covered with a confluent eruption, with a delirium not unlike one in a drunken stupor.

I pronounced the case as one of malignant scarlatina and made all preparation for a long and tedious case, should he outlive the shock of the severe invasion. At the very first, belladonna was given, but rhus was manifestly the remedy, which was substituted next day.

In the short space of five days the eruption was all gone and the temperature normal. There was only a slight desquamation, barely enough to be discernible, and, strange to say, there was no nephritis nor ear trouble; no glandular affection nor rheumatism. I never before saw so grave a case of scarlatina recover so quickly and so completely.

So rapid was the convalescence in this case and so free from all sequelae, that I am constrained to classify it with the other "anomalous" cases, for it seems to me they are a form, but an unusual form, of scarlet fever, with a tendency to run a short course with the sequelae very slight, or none, and practically no desquamation.

This particular form of scarlatina was recently brought to the notice of the American Medical Association and called the "Third Disease."

Two exclusive skin specialists in Denver have had no experience with this form of eruptive disease. Such cases generally go to the family physician, and they seem to be amenable to the treatment of ordinary scarlet fever.

BRONCHITIS.

BY DR. GENEVIEVE TUCKER, PUEBLO.

"Insidious," "irregular," "uncertain," are terms ever to be kept in mind when considering any disease of the lungs in children. Great emphasis may be put upon the first of these, when the bronchial tubes are involved. Bronchitis seems to lie in wait, seeking an opportunity to entrap and ensnare little children, ready to become active on any slight occasion. There is hardly a child living who has not had some form of bronchial catarrh in early life. Insidiously it complicates any fever occurring in a child, no matter what its origin, whether it is a fever due to gastric or enteric disturbances or infectious, as scarlet fever or measles, or it may be the fever of dentition, la grippe or tonsilitis. Who has not seen a child suffering with a fever typical of gastric disturbances? The fever is irregular, the coating of the tongue shows the gastric mucosa is effected. There may be nausea or vomiting, constipation or diarrhoea, possibly there may have been a slight coryza or tonsilitis at the beginning of this child's sickness. After a few days this child begins to cough, when all the other symptoms improve, a quick, short, abrupt cough, which increases to paroxysms; cough more noticeable when lying down. The child now does not seem much sick, plays around during the day, but at night is restless, coughs in its sleep; wakes up in severe paroxysms of coughing. It is cough and cough. The child will seem quite sick at night, but gets better in the morning. Our grandmother called it a stomach or worm cough. Did you ever get such a cough after a child has been dosed with patent vermifuges, onion syrup, turpentine and lard, glycerine and hoardhound, paregoric, troches and what not? Through all of this dosing the cough has steadily persisted, even grown worse. At last a physician is asked to prescribe, oftentimes without seeing the child. The chances are if you do this that child will continue to cough after your snap shot prescription. What is this cough, and why is it so obstinate, so persistent? It is the cough of bronchitis—of secondary capillary bronchitis. Unless you strip that child so you can get your stethescope at the very base of the lungs and find your sibilant, even mucous and sonorous rales, you will not find the source of your cough. You may listen over the large bronchial tubes and find nothing wrong. The increased respiration

and heart action in children will help to deceive you that all is normal, but when you put your stethescope at the very base of the lungs in some small area or in several scattered spots you will find the results of an inflammation. The respiratory murmur will be absent from small areas similar to the extended occlusion in croupous pneumonia in adults. There will be lessened respiratory expansion here at the base of the chest. The respiratory movements of the chest in children make an interesting study, and every physician ought to make himself familiar with the normal movements.

The prominence of the abdominal organs modifies the respiratory movements and lessens the action of the diaphragm so it is used much less in respiration in children than in adults. Why secondary bronchitis attacks first the smaller, the finer, bronchioles, instead of the larger tubes, as in primary bronchitis, pathologists do not tell us. Physiologists tell us that in children the cells lining these fine tubes are the "germinating epithelial" and are very loosely adherent and easily detached. Pathologists say that in secondary bronchitis these epithelial cells are loosened from their anchorage and clog the finer tubules, impeding and wholly preventing respiration in this part of the lung. Understanding this, it is very plain why the cough is slow in yielding, why there is aggravation at night and from lying down, and why relapses are the rule, not the exception. Take a child with secondary bronchitis: The primary disease has disappeared; few or many bronchioles are involved, according to the severity of the attack, or better, perhaps, the length of time that has supervened since it began. As the bronchioles have been cleansed of their detritus and obstruction the cough has improved, nearly or quite disappeared, but if you can find one single sibilant or mucous rale, or a spot where the respiratory murmur is not free, the first time the child kicks off the clothing at night, goes out in a cold or damp air, or takes cold in any way, you have a relapse. If you have a severe cold the larger bronchial tubes become inflamed and you have a severe case of bronchitis, or, if the child is old enough, broncho-pneumonia. Who has not seen a condition like this, with relapse after relapse, persist for weeks, even months? You can only pronounce the child well when the stethescope does not give you a single secluded spot or sibilant rale. If you love the relevations of the stethescope the auscultation of pneumonia in adults will not prove more fas-

cinating than that of secondary bronchitis in children. Children of tuberculous inheritances will recover much more slowly than those free. What of treatment? We do not wish to enter into this, beyond emphasizing a few points in general treatment and calling attention to a few remedies. In a severe case of pneumonia, not if you expected recovery, every one of you would insist on an even temperature of the room day and night. The necessity is almost as great in secondary bronchitis of children. The temperature of the sleeping room must not vary little, if any, from that of the day; neither will you have a speedy cure or any result if the child is put in a hot room with baked and rebaked foul air. The lack of pure air in children's rooms is a crying evil. Two and three children are put in a bed, often more, and shut up in a hot room without any ventilation all through the evening. Through the night the temperature drops twenty to even forty degrees. No wonder they are restless, kick off the clothing or take cold. In secondary bronchitis you must insist on pure, warm air night and day for recovery. If you have a very fleshy, pot-bellied child, regulate the diet; insist the evening meal be a light one. As to remedies, we wish to emphasize Drosera, Tartar Emetic and Hepar-Sulph. Drosera will be indicated at an earlier stage than either of the other two. The characteristics of its cough are too well known to need repeating here, but the point I wish to make in all these remedies is their persistent use; give continuously for days, and meantime use your stethescope to know the effect of your remedy. Tartar Emetic will help out in the spots, even if only sibilant rales. Hepar Sulph. will often clear the last vestige after both of the other remedies have done their work. Frequently, then, these remedies will completely cure a case in this order—hardly a single cure that does not call for one of them at some time. There are Ipecac, Phos. and Sanguinaria, if the larger tubes are involved, or if you have broncho-pneumonia. Their characteristics are well known to you. No physician can intelligently cope with secondary bronchitis without frequent use of the stethescope. A plain statement of the condition to the parents does away with the expectation that, though the child may seem so slightly ill, the cough may be cured by a single prescription. It enables the physician to do justice to the child by an opportunity to cure, and not simply palliate the case, and the physician has an opportunity to be just to himself by not attempting impossibilities and gaining the reputation: "Doctor So and So is no good in coughs."

ATHEROMA.

(Presented at the State Society Meeting Colorado Homeopathic Society, Pueblo, September 16-18.)

Of all the diseases which we are called upon to treat, perhaps there is none more common nor more certain to occur than atheroma. For the axiom that one is as old as their arteries has been fully verified by extensive clinical observation. Notwithstanding the fact of its common occurrence, there is probably no disease which gives the physician more trouble in diagnosis than this same atheroma, especially when the disease is not far advanced.

As all the organs are involved to some extent, and some more than others, one meets with the greatest diversity of symptoms and nutritional disturbances, no two of which are alike. The disease may exist for years without becoming apparent, and after years of medical attention only be discovered incidentally at autopsy.

Atheroma has many synonyms, as arterio-sclerosis, arterio-capillary fibrosis, endarteritis chronica deformans, etc. The lesion is an hyperplastic condition of the connective tissue of the arterial coats (internal especially), and is usually followed by calcarous infiltration. The aorta is the most frequent site of the lesion, followed in order by the coronary and other medium sized vessels. The greater the amount of connective tissue the more favorable the site for the lesion.

While there may be two forms of atheroma recognized, the circumscribed and diffuse, they differ only in degree, and both are usually present unless the circumscribed is from trauma.

I shall consider particularly the diffuse form, as this is also the physiological tendency with advancing years. It may, however, appear in the young, although rarely, but a case in mind recalls the possibility.

With the regular progression of senile atheroma, sclerosis of organ after organ occurs until all are involved. This is from nutritional disturbance, primarily owing to the reduction in the lumen of the vessel, as shown in the exhibit. The loss of elasticity of the vessel wall is another important factor, and of much import to the operating surgeon as well as to the attending physician.

Anders, in his recent work on "Practice," divides the clinical manifestations of this disease into four special types, viz: Cerebral, Pulmonic, Renal and Peripheral. These four types are worthy of consideration, because of their common occurrence, yet frequent misinterpretation in treatment.

In the Cerebral type, in its milder grades, one rather constant symptom is the headache, especially on lying down or assuming the erect posture, due to temporary cerebral anemia. Tinnitus, vertigo, syncopal attacks and local palsies are often associated, while melancholia and other mental diseases, together with aphasia may occur. The well-known condition of cerebral thrombosis and embolism is also noted, and makes quite possible a fatal apoplexy. Clinical experience has taught us to carefully guard against liberal ingestions of food or permit unusual muscular and nervous strains at these times, no matter how well the patient may feel.

With the Pulmonary type we have bronchitis and such complications as agina, one attack of which should ever put us on our guard for the future welfare of that patient who has suffered from it. Cardiac hypertrophy and other similar lesions of the heart are prone to occur in atheroma.

The Renal type may present any form of nephritis from its sub-acute form to the small cirrhotic kidney. This disease being one of distinctly nutritional disturbance, its tendency is alone toward atrophy. In these cases the urine may, or may not, have albumen and casts. The quantity may vary, although usually increased, while the nitrogenous elimination is low.

The Peripheral form may manifest itself in gangrene of the tissues, similating diabetes, or in the excruciatingly painful neurites which baffle all treatment. These neurites are often called and even treated as rheumatisms on the theory that the rheumatism is a manifestation of lithemia, when the true pathology would reveal atheroma. This probably explains the reason for the beneficial results obtained in changes of climate (elevation) in some cases of neurites which have been diagnosed as muscular rheumatism.

As aids to diagnosis we have the hardened arteries, increased arterial tension, and left ventricular hypertrophy with marked accentuation of the aortic second sound at the level of the second right rib cartilege. This has long been recognized

as a sign of high arterial tension, and is of common occurrence in atheroma; over the back this accentuation is best heard at the level of the spine of the left scapula, although Friedman in the "Medical Annual," 1902, says: "From an examination of many patients he is convinced that in atheroma the maximum accentuation is found at a point near the angle of the left scapula, on a line extending from the angle of the scapula to the spine of the seventh dorsal vertebra." He considers this to be an early and pathognomonic sign of general arterio-sclerosis.

The disease may have a sudden fatal termination, as in apoplexy, or the aorta may rupture at the seat of an atheromatous ulcer, in either case causing instant death. While it is improbable that the progress of the disease can be stayed, much can be done to retard it and correct the localized lesions, thereby affording a measure of relief.

The first essential factor should be the correction of aggravating habits, this with reference to manner of living, eating, drinking, working and the necessity of regular and sufficient hours of rest. The diet, of course, must be simple and free from stimulating constituents. All alcoholic drinks should be interdicted and smoking permitted with moderation. The constant use of distilled water is of value, cutting off, as it does, the calcerous supply to the system, as well as supplying valuable solvent properties. Hydrotherapy is of much value in these cases, especially the prolonged warm bath of ninety-two to ninety-eight degrees Fahr. at frequent intervals, followed by a night of sleep. This practice produces a general systemic relaxation, the value of which is appreciated for days thereafter. The modified Bad Neuheim bath is also recommended.

Skim milk is of especial value in renal complications, while liquid and other non-irritating food is necessary for the local aortic symptoms, when accompanied with pain and temperature. In protracted cases careful and detailed instruction relative to the necessity of moderation in eating is essential to avert sudden fatal termination.

Of the remedies, perhaps the one most often indicated is Glonoine, this and Strychnia Phos. 3x, having been given with excellent results. Aurum Mur has been highly recommended by some, and Kali iod. is particularly valuable when syphilitic etiology obtains. Plumbum iod. is to be thought of with the renal type and Convallaria may be of value when the cardiac efficiency is low.

C. E. TENNANT, M. D.

MEDICINAL SYSTEMS OF HEALING.

BY W. A. BURR, M. D.

33 What is Organotherapy?

The treatment of disease by the administration of animal organs or their extracts (Dorland). Some consider Organotherapy as belonging to the domain of Hygiene.

34. Who first taught that sound organs of certain animals are useful in the treatment of diseases of corresponding organs in man?

Oswald Croll, a disciple of Paracelsus, in the sixteenth century.

35. In what disease has thyroid extract been found very valuable?

In myxedema where, according to Arndt: "This treatment has passed the experimental stage and constitutes one of the positive advances of modern medicine."

36. Has Organotherapy been found of any great value?

No, save in myxedema, though used in a variety of conditions. "Its modern extension is unreasonable and unscientific, and a passing therapeutic fad." (Boericke.) Extracts used to some extent are: Thyroid, Parotid, Mammary, Suprarenal, Ovarian, Thymus, Testicular, Splenic and Renal.

37. What is Serumtherapy?

The treatment of disease by the blood serums of animals that have been inoculated with the same disease (Dorland). It is closely related to Isopathy.

38. In what disease is much use being made of Serumtherapy?

In diphtheria, tetanus and hydrophobia. It is also used in a less degree for Asiatic cholera, erysipelas, plague and epidemic dysentery.

39. How early was Serumtherapy taught?

By Zenocrates, 400 B. C. It was introduced into homeopathy by Dr. Lux in 1823, and in part adopted by Dr. Hering. (Boericke.)

40. What is the theory of cure?

That blood seurm of an animal inoculated with the toxin in a non-fatal and repeated doses contains or produces an antitoxin which will mitigate the disease or entirely cure infected persons, and render healthy persons immune.

41. How do many leading homeopathic physicians look upon Serumtherapy?

As a well-established principle of cure, especially in diphtheria, containing some of the elements and perhaps working along the lines of Similia.

42. What is Gatchell's theory of the action of the diphtheric antitoxin in curing diphtheria?

That it stimulates the cell nuclei to such vigorous action as to increase the amount of nuclein and thus resist the power of the toxin.

43. How are the antitoxins used?

Usually by inoculation, though some claim they are effective when introduced into the rectum, or when taken, in an attenuated form, into the stomach as medicine.

44. What is Antipathy?

A relation between unmodified disease effects and unmodified dynamic drug effects where the symptoms or conditions indicated by them are opposites; the relationship being one of direct antagonism. (Dake.)

In antipathic medication affections or symptoms indicating morbid states are cured by remedies inducing opposite symptoms or affections. A diarrhoea is cured by an astringent; a constipation by a cathartic; insomnia by a hypnotic; fever by a cold application; pain by a narcotic, and debility by alcoholic stimulants. (Mitchell.)

A palliative method, pure and simple, wherewith the physician can appear to be most useful and can usually gain the patient's confidence by deluding him with momentary amelioration. (Boericke.)

45. What are some of the objections to antipathic medication?

(1) Morbid symptoms are not effaced or destroyed, but reappear more intense than ever, after having for a short space of time undergone apparent amendment. (Organon, Sec. 23.)

(2) It attacks only a single condition instead of the disease as a whole, and leads to polyphormacy in the endeavor to meet different conditions at the same time. (Boericke.)

(23) It establishes drug disease that hopelessly complicate the original disease. (Boericke.)

(4) Antipathic medication presumes the use of a medicine to have an effect contrary or opposite to the symptoms of the disease. Such contraries or opposites often do not exist or cannot be found, as in itching, nausea, headache, inflammation, fatty or other degeneration, rheumatism, pneumonia, typhoid fever. Such conditions or symptoms constitute even the greater part of the conditions for which the physician has occasion to prescribe. Hence the antipathic can be no universal system of medication. (Mack.)

46. Is, then, antipathic medication of no value?

It is of value in rare cases and is used in some degree by nearly all physicians, but it so often works even irreparable harm to the patient that it will be cautiously and sparingly used by the physician who understands homeopathy, the science of therapeutics.

47. What is Allopathy?

A system of remedial treatment, in which it is sought to cure a disease by superinducing another of a different kind, or by producing a condition incompatible with the disease.—Standard Dictionary).

A relation between unmodified disease effects and unmodified dynamic drug effects where the symptoms are different, the same organs and tissues being affected in a different manner, or, other organs and tissues being affected in some manner; the relationship being one of indefinite diversity.—(Dake).

Allopathy usually attacks the parts most exempt from the disease, in order to draw away the disease through them and thus to expel it, as is imagined.—Organon, Sec. 55.

Allopathy may be defined as the sum of all the therapeutic systems ever proposed except Homeopathy.—(Mitchell).

48. What is Isopthy?

The theory that contagious diseases contain in their own contagious matter the means for their cure. (Standard Distionary.)

Treatment by administering the virus that causes the disease. (Dorland.)

Isopathic medication means the employment of morbid products of a disease for the cure of the same disease. A modern form of serumtherapy. (Boericke.)

The relation between unmodified disease effects and unmodified dynamic drug effects where the symptoms are identical, the same organs and tissues being affected, and in exactly the same manner; the relationship being one of sameness or identity. (Dake.)

49. What was the theory of cure according to Dr. Lux?

That the toxins formed in the body, properly attenuated, are capable of curing the very diseases that give rise to them.

In Isopathic practice the attenuated morbid product is usually used as an internal medicine, while in serumtherapy the modified morbid product is usually inoculated to prevent, mitigate or cure disease.

50. What are Nosodes?

Nosodes are the morbid product of disease which are animal alkaloids (ptomaines), produced by the decomposition of animal substances. (Boericke.)

Any diseased product used as a remedy. (Dorland.)

51. How may Nosodes secure a permanent place in the Materia Medica?

They must be proved on the healthy, and the pathogenetic effects thus obtained be the only guide for their therapeutic application. (Boericke.)

52. What is Homeopathy?

A system of medicine formulated by Hahnemann (1755-1843). It is founded on the principle that "like cures like," and therefore prescribes, usually, in minute doses, such remedial agents as would produce in health, symptoms similar to those manifested in the disease to be treated. (Standard Dictionary.)

A system of medication where the relation between unmodified disease effects and unmodified dynamic drug effects is not that of oppositeness diversity (otherness) or identity but

that of similarity; the same organs and tissues being affected in a like manner. (Dake.)

Homeopathy is a system of medicine based on a fundamental law of cure, similia similibus curantur. It ascertains the effects of drugs by provings on healthy persons, and in the treatment of disease advocates the use of the single remedy given in the smallest dose that will cure.

53. What is the object of a course of lectures on Homeopathy?

To give a history of the development of Homeopathy, to explain its principles and show its relation to other systems of healing, and to give something of the results of its first century of trial.

A GOOD WORK.

What are the qualities in a work on general practice the Homeopathic physician needs for daily use?

1. A work scientific, systematic and complete, written by a physician who is a close observer and has had a long experience.

2. A work that on every page magnifies the principles of Homeopathy.

3. A work that makes prominent the use of well-proved remedies for each condition of disease and at the same time points out the best harmless non-medicinal methods of healing.

4. A work that gives therapeutic hints pointing to the single remedy in the smallest dose that will cure.

5. A work recommending the potencies of the remedies to be used for the various conditions of disease.

6. A work that has a well arranged and complete index.

The above qualities seem to be fulfilled in Pierre Jousset's Practice of Medicine, translated, with additions, by John Asschagouni, M. D., of New York. This is a most excellent work and it is coming into great favor as a text book of rare value.

W. A. BURR, M.D.

COLORADO HOMEOPATHIC SOCIETY.

President Judkins has made the following appointments and same have been accepted:

Legislative Committee—David A. Strickler, chairman; C. F. Stough, J. W. Harris, N. G. Burnham, S. S. Smythe.

Bureau of Obstetrics—C. H. Wilkinson, Canon City.

Bureau of Materia Medica—J. W. Mastin, Denver.

Bureau of Gynecology—J. W. Harris, Denver.

Bureau of Neurology and Electrology—A. C. Stewart, Denver.

Bureau of Pediatrics—Frona Abbott, Denver.

Bureau of Surgery—C. E. Tennant, Denver.

Bureau of the Eye and Ear—Grant S. Peck, Denver.

Members of the state society having anything of interest to offer under any of these heads are requested to place themselves in correspondence with the proper bureau chairman. If the above bureaus do not cover the line of work that you want to see developed at our next session, write to the president or to the secretary and they will try to satisfy your desires. The date and place for the next session have not been decided upon. If you have any suggestions or any preference in the matter write at once to the secretary, as it is the desire of the officers to accommodate the greatest number, and they cannot call upon each member personally. Can we have a better session than Pueblo? Only by hard work from now until the closing hour of the 1903 session.

EDWIN JAY CLARK, Secretary.

The celebrated words of Dr. John Todd "A man who wills it can go anywhere and do what he determines to do. We must make ourselves, or come to nothing. We must swim off and not wait for anyone to put cork under us. I congratulate you on being born poor and thus compelled to work; it was all that made me what little I am. MACTE VIRTUTE. Don't flinch, flounder, fall nor fiddle, but grapple like a man and you will be a man."—Medical Summary.

DENVER HOMEOPATHIC CLUB.

BY EDWIN JAY CLARK, M. D., SECRETARY

The October session was one of the largest in attendance and best in interest of the year. Papers were read upon "Why the Indicated Remedy Failed," by Dr. J. W. Mastin, and upon "Some of the Prominent Urinary Disturbances, With Their Characteristic Phases," by Dr. C. E. Tennant.

The first paper brought out a vigorous discussion that was participated in by Drs. Clark, Burr, Welch, Dabney, Harris, Peck, J. B. Brown, Abbott and Tennant, and revealed the fact that only one of the speakers was in hearty accord with the essayist. The great divergency was in the essayist's remarks on alternation of remedies. A number found great difficulty in differentiating between Bry. and Rhus. Two spoke of getting results (not cures) from a mixture of the two, where the remedies when used scientifically failed. Acon. and Gels. were another pair of remedies considered hard to differentiate in typho-malarial (?) fever. One thought that a purge or an emetic would facilitate the action of and prevent the failure of the indicated remedy. He evidently disagreed with Hahnemann, who said "Homeopathy sheds not a drop of blood, administers no emetics, purgatives, laxatives or diaphoretics, etc." One thought that results were too important to sacrifice a life for a principle.

After the discussion of the papers an hour was passed in an endeavor to recover from the spell, upon us overcast by Prof. Mastin's plain words. One told of the fetus hiccoughing in utero. Others told of using cobwebs in the groin to relieve suppression of the urine; removing nine large and long grubs from the spinal muscles of a lady; finding a flour worm five-eighths of an inch long in the stool of an infant; growing banana seeds found also in the stool of an infant; alfalfa seed growing in the conjunctiva of the lid and having a sprout an eighth of an inch long, and various vagaries (of course in patients).

THE CRITIQUE.

SAMUEL S. SMYTHE, M. D., EDITOR.
JAMES WILLIAM MASTIN., M. D., ASSOCIATE EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

INCREASE IN RATES.

The large increase made in our subscription list during the past year, to which may be added numerous and expensive improvements, prompts us to notify our advertising patrons, and all who may contemplate becoming a member of this class, that beginning with the January number our advertising rates will be advanced twenty-five per cent. on all advertising space occupied in this publication, unless a previous contract exists—all of such, of course, will be carried out to the expiration of their time. The Critique is pleased to announce that it will soon enter upon the tenth year of its existence, and is further pleased to say, also, with a very flattering increase in its revenue from all sources. We make the statement of our proposed advance in rates at this early date in order that our old friends and patrons may not feel that we are trying to crowd any of them out, and to give all newcomers an opportunity to get in on the ground floor if they so choose before the "raise." After January 1, 1903, all comers will be treated alike, and the new rates will go into effect, the only exception being in the case of

those who make yearly contracts previous to that date, in which case the old rates will hold good. The Critique is the only publication of its class issued between Kansas City and San Francisco, and the wide field occupied by it only, makes it a valuable medium through which to bring thoroughly first-class business propositions before the medical profession. We pride ourselves upon the fact that none but reliable firms are ever represented in our columns, and shall continue to carefully consider all bids for space in these pages before allowing announcements to appear. No fake concerns need apply. We do this in order that those of our patrons who may be induced to patronize any of our advertisers will know that they are dealing with strictly reliable people only. The business department will cheerfully reply to all inquiries regarding rates, etc. M.

NOTES ON CHALYBEATE THERAPY.

The Therapeutic Value of Pepto-Mangan (Gude).

The medicinal use of iron dates back to a remote period, and since ancient times ferruginous medication has played an important part in the treatment of anaemic conditions.

Hence, in judging a ferruginous preparation, we must decide the important question as to what should be the requirements of a useful and efficient chalybeate in every direction if all demands are to be met in a scientific and practical manner. Above all, such a preparation must be capable in a high degree of absorption and assimilation, must be digestible, easily borne, palatable, and must not in any manner exert disturbing by-effects upon the functions of the organism.

According to my extensive observations, these postulates are fulfilled in a satisfactory manner by Pepto-Mangan (Gude). I have had frequent opportunities, in a considerable number of cases (42) in which the preparation was employed with success, to acquaint myself with its therapeutic value and its beneficial medicinal properties.

In the administration of Pepto-Mangan to anaemic and chlorotic patients I have been able to make the positive observation that under its use the constitution of the blood underwent a very satisfactory and sometimes remarkable improvement, often after a comparatively short period of treatment. The examination of the blood frequently showed a

rapid increase of the number of red blood cells and of the percentage of hemoglobin, this being attended by a marked improvement of the general health and an increase of strength.

Pepto-Mangan contains iron and manganese combined with peptone in the proper proportions and in a readily digestible and absorbable form, so that the preparation can be completely utilized by the organism. It seems to me particularly noteworthy that often, even after a brief use of Pepto-Mangan, the anaemic appearances, especially the often marked apathy, lassitude, and drowsiness, the palpitations of the heart, and headache, disappeared in a very satisfactory manner, and that even in those patients who suffered from insomnia frequently a good refreshing sleep occurred. Even in those instances in which a variety of ferruginous preparations had proved unavailable the prolonged use of Gud'e Pepto-Mangan often gave very gratifying results, so that occasionally a manifest and positive cure occurred after four to six weeks' treatment.

Aside from primary anaemia and chlorosis, the preparation produced beneficial effects in all those diseases which are apt to be attended with or followed by anaemic conditions of various kinds and degrees. As a rule, its action in scrofula and rachitis was excellent, and no less favorable in the incipient stages of tuberculosis in which anaemic phenomena are frequently observed. Furthermore, it proved of value in conditions of debility, during convalescence from acute febrile and exhausting diseases (pneumonia, typhoid and other infectious diseases), and finally in those chronic wasting maladies often accompanied by anaemic states, such as tuberculosis, malaria, protracted gastro-intestinal catarrhs, and chronic dyspepsias, in all of which the administration of a strengthening and tonic remedy appears indicated. According to all these observations in my practice, which are completely confirmed by many favorable reports from other sources, I would regard Pepto-Mangan (Gude) as an excellent and effective remedy, which is entitled to a prominent place among the iron preparations at present at our disposal.

While characterized by a high degree of absorbability and assimilability, being easily digested and well borne, this remedy is free from any deleterious properties, is willingly taken by the most capricious patients, and is uniformly well tolerated. The fluid form and pleasant taste of the preparation render its administration convenient and agreeable for the patient, and, as must be particularly emphasized, the remedy, even when administered for months, does not excite the least aversion, an advantage which certainly is not to be underestimated. A review of those cases which were particularly benefited by Pepto-Mangan would be best calculated to demonstrate its high therapeutic value, but must be omitted here in order that the present article might not become too voluminous.

In view of the recognized advantages of the preparation and the favorable results obtained with it, it should be esteemed as a very valuable acquisition to the materia medica, and can be warmly recommended for extensive use in the treatment of anaemic conditions and chlorosis.

It is my custom to direct that Pepto-Mangan be taken in these cases to the exclusion of other treatment, and only in combination with appropriate dietetic measures, for periods of several weeks, and if necessary longer, three or four months. For adults I prescribe three tablespoonfuls to three to four dessertspoonfuls daily, for children three teaspoonfuls daily, in water or some white wine. During the entire time of administration I prohibit the use of raw fruit, acid or highly-spiced dishes, and order a vigorous and regulated diet. In severe cases of anaemia and chlorosis I recommend rest in the open air, and if possible a prolonged stay in the country in a carefully selected place, and short and non-fatiguing walks.

In some instances I have observed excellent results from a rest cure in conjunction with ferruginous medication and appropriate hygienic and dietetic treatment.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Who says homeopathic kisses are loaded?

Dr. A. L. Peter made a flying trip to Kansas City the latter part of last month.

Dr. S. M. Kessler has returned to Golden, Colorado, where he is well and favorably known.

Dr. D. A. Richardson has been appointed professor of chemistry at the Denver Homeopathic.

Dr. William Steinrauf, A. M., M. D., advises physicians to "buy medicines more and books less."

Dr. Ralph D. P. Brown of Pueblo stopped off a few minutes on his way to Ni-What? Boulder, we mean.

W. Carey Allen, M. D., of Colorado Springs, paid this city a brief visit one day the latter part of last month.

Dr. S. S. Smythe has recently purchased a new Waverly electric auto which is a beauty, and so far has given very good satisfaction.

The Critique wishes to acknowledge the receipt of the transactions of the Colorado State Medical Society, 1902. Thanks, Mr. Secretary.

There is one physician to every 493 of the population in the state owned by Mark Hanna and Tom Johnson, so says The Medical Visitor for October.

In Barcelona, Spain, the Hospital del Mino Dios, formerly allopathic, has been turned over to the homeopathists with Dr. Savalls as physician-in-charge.

Dr. Albert H. Swan of Lafayette, Colorado, paid a brief visit to the city the latter part of last month. Dr. Swan's friends—and they are numerous—will be pleased to learn that he is prospering.

Drs. Strickler, Stough, Smythe, Harris and Burnham have been appointed members of the legislative committee. That makes a hand of five pretty "high cards."

Drs. Drake and Abbott have moved into new quarters in the Mack block, this city, and now occupy rooms 416-17. They were formerly domiciled in 408, same building.

Dr. A. P. Hubbard of Berlin, Wisconsin, has been a sojourner in our city for some while. He has paid the college and hospital several visits, and is quietly looking around for a place to locate.

The engagement of Dr. Ralph I. Lloyd of Brooklyn, New York, lecturer on anatomy in the New York Homeopathic Medical College and Hospital, to Miss Nettie Linberg of Denver, Colorado, is announced.

Dr. C. E. Tennant went on duty on the medical staff of the county hospital November 1st. If the doctor succeeds in having any patients assigned him, they will no doubt get good, sound, homeopathic treatment.

California is more severely taxed for the support of physicians than any other state in the Union, there being one physician to every 383 of the permanent population. If the transients were computed, however, the proportion would be materially changed.

Dr. Ellen M. Oviatt, graduate of Gross '02, now occupies offices with Dr. Ella Griffith in the Mack block. It is getting quite common for allopaths and homeos to occupy the same offices here in Denver. Is this any sign of the coming millenium?

The resolution passed by the Missouri Valley Homeopathic Association at Lincoln, Nebraska, recently, denouncing kissing as unsanitary, will not affect the states further west than the Missouri valley. Thank God we live over the line.

President Dr. C. W. Judkins, of the Homeopathic State Society, was in the city the latter part of last month, at which time he made known his choice of members of committees and chairmen of several bureaus for the 1903 meeting.

We hope to resume our departments of Materia Medica, Surgery, Theory and Practice and add several new features to The Critique with the advent of the new year and the commencement of our tenth volume. This is a good time to subscribe.

"They say" that instead of getting one to six at the county hospital, that the homeopaths get a patient whenever the spirit of the physician in charge moves him to give it to them. The spirit aforesaid dosn't "move" often.

"A 'homeopathic' journal is a 'homeopathic' journal. That's all there is to it." So says the Medical Advance. On the same theory we suppose a "single remedy prescriber" as a "single Medical Advance subscriber" and that's all there is to that!

In Illinois, Michigan, Massachusetts, Minnesota and Vermont the proportion of physicians to population shows a decrease, as compared to the census of 1890. In Vermont the proportion in '90 was one to 519; in 1900, one to 1,147.

The scientific student of homeopathy is never a narrow, ignorant bigot; but knowing the foundation upon which he stands to be grounded upon the rock of truth, he alone can afford to be liberal and generous with his handicapped and less fortunate brother.

Dr. J. W. Hingston of Chicago made The Critique a call. The doctor is interested in Montana in placer mining. He showed us some nuggets of gold that fairly dazzled our eyes. Dr. Hingston is president of the company.

We are informed that there are two lady physicians and three or four gentlemanly doctors of the homeopathic profession after the vacancy upon the state board of medical examiners, caused by the death of Dr. Lawrence of Colorado Springs.

Dentists in Germany are using false teeth made of paper, instead of porcelain or mineral composition. These paper teeth are said to be very satisfactory, as they do not break or chip, are not sensitive to heat or cold, or to the action of the moisture of the mouth and are very cheap.

Country Doctor (catechising)—Now, little boy, what must we all do in order to enter heaven?

Boy—Die.

Country Doctor—Quite right; but what must we do before we die?

Boy—Get ill and send for you.

For Sale.—Practice, property, drugs and instruments in Colorado town of 7,000. Property consists of nearly new house containing office and residence and rooms fitted up for sanitarium. Rare chance for first-class man seeking best winter climate in Colorado. Terms, one-half cash, balance on time at low interest. Address A. B., The Critique.

The many friends of Dr. S. S. Smythe will be pleased to learn that he has returned to Denver and is once more engaged in the practice of good, sound homeopathy, with offices in the Majestic building, rooms 230-1-2. He put in an appearance November 1st, according to the announcement made in last month's Critique, looks fine and is glad to get back.

It will be remembered that some time ago Dr. Garnault attempted to disprove Dr. Koch's theory of the transmission of tuberculosis to human beings by animals by inoculating himself with bacilli from a consumptive cow. Dr. Garnault himself is perfectly well, but guinea pigs inoculated with skin taken from his arm have developed symptoms of tuberculosis.

Prof. Edmond S. Meany of the Smithsonian Institution is the first scientist to visit the mummy caves of the Aleuts of Alaska. Many mummies, to be sure, have been sent from Alaska from time to time, but no man of learning has ever examined the caves themselves. The report which the professor will doubtless prepare will be looked for with some interest.

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It has been rumored that Dr. Lucius H. Church, who graduated from the Denver Homeopathic, class of '02, had died since leaving this city. A letter received by Dean Willard from his brother, however, says that both the doctor and his estimable wife, Dr. Mabel Church, are in excellent health and contemplate locating at Wadsworth, Nevada, where they have bright prospects. Success to them both.

When one takes into consideration the vast increase in the population by immigration every year, there must be added to the list of active physicians 6,000 every year to keep up the average ratio. This is not taking into account, either, the number of those who are called by the hand of death, nor the quite large number who, after a few years, find themselves unfitted for the practice of medicine, either by natural ability or congeniality.—Medical Visitor.

At Grove City, near Chillicothe, a perfect skeleton of the Mastodon Americanus was found. The tusks measure from ten to twelve feet in length. Their size and the condition of the teeth, which are well worn, show that the animal was full grown when it died. Other well preserved specimens have been found in marshy beds in Ohio; but this is said to have been found in clay, a rather unusual circumstance.—Scientific American.

Denver has a bowling league composed of eight teams; the tail-end team November 1st was the Centennials, and one of the prominent members of this club is our genial occulist friend, David A. Strickler. There are forty-nine bowlers in the league and Brother David stands thirty-fourth from the top, with an average of 152, while the top-notcher has an average of 184¾. Our state secretary says that Dr. Strickler needs to use a higher potency, while others suggest that there is an error in refraction and that he consult an occulist. Be that as it may, Brother David, The Critique wishes you success and that ten strikes may carry your average way up.

Dr. Kittie W. Higgins has quite recently been appointed upon the medical staff of the emergency hospital, no doubt as a representative of the homeopathic school. Dr. Higgins is a graduate of the Dunham College, Chicago, and a good homeopath, but notwithstanding this fact she was refused admission to the Denver Homeopathic Club at a recent meeting. As many of the members of the club would be delighted to put the Golden Rule into active operation if they were sure that it would work both ways, we would advise Dr. H. to let her friends know when she is to be balloted upon the next time she makes application for membership to this very exclusive society, "and they'll be there."

Foremost among the many institutions in this city for the accommodation of tubercular patients is the recently established Mrs. Charles L. Adams' Memorial Home, located at the corner of West Thirty-third avenue and Eliott street. A representative of The Critique was permitted to inspect this model establishment one day the latter part of last month, through courtesy extended in a most charming manner by the matron in charge, Mrs. S. E. Webb, and all we have to say is that any one unable to thrive in the midst of such absolutely perfect surroundings has no business being sick. The medical profession in general will find it to the advantage of their patients, both at home and abroad, to investigate prices, etc., of this new institution.

Cleveland, Ohio, Oct. 9.—Frank Buettner, a contractor of this city, died early to-day as a result of an operation performed to remove a set of false teeth which it was supposed he had swallowed while asleep Monday night.

An X-ray machine, the surgeons declared, showed the teeth to be lodged in the esophagus. Just as the latter had been opened its entire length a relative of Buettner rushed into the operating room with the missing set of teeth, which had been found in Buettner's bed.

It was then learned that Buettner was suffering from a severe case of acute laryngitis. Pain in his throat led him to believe he had swallowed his teeth.—News.

New York, Oct. 30.—The grand jury of Westchester county, in session at White Plains, made a presentment to-day concerning the death some days ago of Esther Quimby of White Plains. The presentment recites that the attention of the grand jury has been directed to the treatment of infective and contagious diseases by persons who are not regularly licensed physicians and surgeons, where the rules of the local and state boards of health are violated. Continuing, the presentment says:

"We have given careful consideration to a complaint made to us concerning the death of a seven-year-old child from neglect, the child being treated by a so-called Christian Scientist from the city of New York, who made many visits to the home of the child and mingled with the inhabitants of the county, both upon the street and in public conveyances. This child was allowed to die without any of the remedies known to medical science being used, and medical men called before it testified that the life of the child could have been saved had proper treatment been used and proper remedies applied.

"This so-called Christian Science treatment was used at the instance and request of the parents of the child, the father daily attending to business after nights spent in the sick room.

"We feel that a flagrant violation of the health laws in this respect should be sought out by the local board of health throughout this county and that a copy of this presentment should be sent to the state board of health for the purpose of enforcing more stringent laws regarding the quarantining of contagious diseases."—Republican.

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THINGS TO REMEMBER.

The Critique has the largest circulation of any medical journal published west of the Missouri river. Hence, it is the best medium through which to advertise.

G. W. Flavell & Bro. are presenting some very attractive prices in their ad., page 12, in elastic goods. Again, they deal direct with the physician and can quickly fill any order in elastic stockings or abdominal supporters.

Hypotone, a tonic wine of hypophosphites. A definite, exact, permanent solution. The first drop exactly like the last. The last drop just as good as the first. Every drop better than any drop of any other preparation of hypophosphites.

"Mellin's Food is a milk modifier. Its purpose is to adapt fresh cow's milk to the needs of the infant. It is therefore evident that a diet of fresh cow's milk and Mellin's Food is antiscorbutic"—ideal. Try it when other foods fail and be convinced.

Pure oxygen, as manufactured daily by W. H. Lauth, 1648 California street, Denver, is pre-eminently a vital factor in the treatment of pneumonia when the solidified lung cannot appropriate sufficient oxygen from the air, supply it by inhalation of the pure oxygen.

The Navajo Indian rugs appeal to every physician, because they are sanitary, are easily cleaned, handsome and almost as durable as Orientals. If you wish to inspect, purchase or be entertained, call at the Navajo Indian Blanket Store, 503 Sixteenth street, Denver, Colorado.

We have a product manufactured here in Denver that appeals to—or ought to—every doctor, in the local treatment of inflammation, and it is Marach, a soft, non-poisonous, soothing antiseptic poultice and surgical dressing, always ready for immediate use. For sale at drug stores.

When on the verge of collapse remember Colden's Liquid Beef Tonic "pulls the exhausted forces together, furnishes staying and resisting power to shattered nerves; presents nutriment to perverted digestive glands in a form eagerly seized on and transformed into rich blood. It steadily brings the whole system away from the danger point—soothing, nourishing, invigorating, building." Charles N. Chittenton Company, 115 Fulton street, New York.

The business that is being done in Colorado and the western states by Parke, Davis & Co. is something immense. We are informed by their representative that this year surpasses last in the amount of business done in a most flattering manner. There is a reason for this.



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Refer to National Druggist, of St. Louis, Mo., April, 1901

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and it is, they manufacture the finest products that are upon the medical market. Have gentlemanly agents doing detail work, and follow it up with systematic advertising through the medical journals, which everlastingly keeps their goods before the profession. No matter what drug you want P., D. & Co. can supply it.

Papine.—In discovering this drug Battle & Co. have conferred a lasting favor on the medical profession. We know the opium of which they make their Papine is the best. Papine has a place in my medicine case and it is emptied as often as any vial in the whole case. I nearly always have a bottle with my obstetrical cases for after pains, and always feel like it will do the work. I used it lately on a case of threatened abortion with excellent results; also in a case of severe uterine colic. I find that with Papine I do not have to use my hypodermic syringe so often. W. E. RUSSELL, M. D.

Wyatt, Texas.

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BOOK REVIEWS.

Diseases of the Lungs, by A. L. Blockwood, M. D., Professor of General Medicine and Senior Professor of Physiology in the Hahnemann Medical College, Chicago; Attending Physician to the Hahnemann Hospital, Chicago; Associate Physician to Cook County Hospital; Member of the American Institute of Homeopathy, Illinois State Homeopathic Society; Author of "Diseases of the Heart," etc. Published by Halsey Bros.' Co., Chicago and St. Paul.

This volume of over three hundred pages is divided into twenty-one chapters. We cannot do better than to quote from the preface, in which the author states that he has endeavored to present the salient points in the etiology, pathology, symptoms, diagnosis, prognosis and treatment of diseases of the lungs in as brief and practical a manner as possible. Speculative and unimportant theories have been avoided, while practical and clinical facts have been presented. Special attention has been devoted to the subject of treatment, which we are gratified to note is homeopathic throughout. The index is complete, arranged alphabetically as regards the disease wanted and also the remedies used.

Transactions of the Thirty-Second Annual Convention of the Colorado Medical Society, Held at Pueblo, June 24, 25 and 26, 1902.

This is a neatly printed and tastefully bound book of 450 pages with numerous illustrations. The new constitution and by-laws, which are given in full, show an advance in the right direction. Membership begins in the county society, though provision is made for those who are now members where there is no county society. Dues are $5 per year for those not connected with a county society. County societies chartered by the state society pay a per capita tax of $3 on each member in good standing in their society on a certain date. Each member of the county society is therefor a member of the state society. Each county society is the judge of the qualifications of its membership and are supposed to admit "every reputable and legally registered physician who is practicing, or who will agree to practice, non-sectarian medicine."

The business affairs of the society are intrusted to the "house of delegates," composed of one delegate for every twenty-five members or major fraction thereof in each chartered county society. General meetings of the society include as members all members of the county societies and guests. This may look a little cumbersome at first glance, but it systematizes the work and is therefore "rational," "scientific" and "regular." It places the local society as the stepping stone to the state and national societies. The local society meeting twelve or more times to the larger society's once forms the training ground that will more than quadruple the value of attendance at the state society.

It makes one feel sickly to notice the "forwardness" shown by our allopathic friends and then to look at the smallness, the meanness, the lack of Hahnemannian fervor and fire shown in our own ranks. We are all afraid that if we should do something that it might benefit some one else a little, and so we will let golden opportunities go by. In the entire state of Colorado there is only one local society, the Denver Homeopathic Club. Many years ago we were a regular visitor at the sessions of a society having a membership of seven. The meetings of that society were of great interest and of much profit and seldom was there a member absent. This was in the effete East. Pueblo county has ten homeopathic physicians, only five with sufficient energy to get out to the Pueblo session of the state society. El Paso county has eighteen physicians, six of whom are members of the state society. Boulder county has ten so-called homeopaths. Fremont county has nine. Why is it that these counties have not live and interesting societies? Is it because the profession in the localities are the nubbins, the left-overs, the has-beens, or is it that they cannot improve themselves or perfect their knowledge?

"Minds that have nothing to confer
Find little to perceive."

Wake up, gentlemen. "Where one has to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime." Wake up, no longer nothing; be something.

E. J. C.

THE CRITIQUE.

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FAITH COMES WITH KNOWLEDGE.

(By W. A. Burr, M. D.)

With the physician, true and thorough knowledge of medicine in its wide sense begets faith in homeopathy. The physician who adds to a general knowledge of medicine a special knowledge of homeopathic materia medica and therapeutics comes to believe in homeopathy. Of the thousands of physicians who have laid prejudice aside and made an honest and thorough study of homeopathy nearly every one has come to believe in it and finally adopt it as the best means of using medicine to cure the sick.

Let no one suppose the principles of the new sys)tem of healing may be mastered at a single sitting by the reading of a small hand-book on practice. The best minds need years of study of the homeopathic materia medica and the law of similars before they may be considered as well versed in homeopathy.

Homeopathic therapeutics is, furthermore, capable of endless development. It is true the law of cure is established for all time, but, year by year, new medicinal substances are to be proven and their therapeutic values to be definitely ascertained. And even the best known remedies may possess healing properties as yet unknown. It takes years of study and trial and many careful provings to bring out all there is of value in some medicinal substances.

The curative power of the various medicinal agents distributed throughout earth, air and sea is a mystery, as the vital principle of man is also a mystery to finite minds. As in other departments of science, there is room for much investigation here and always more to be learned above and beyond.

This gives to the student of homeopathy a peculiar fascination such as cientists experience in other departments of science as they delve into the hidden recesses of Nature. The Law of Cure has been established, but new applications of it are to be unfolded as new healing agents are discovered and more and more is known about the human body in health and in disease.

As the careful homeopathic physician, well versed in the science and art of homeopathy, sees diseased conditions disappear under the healing influence of the true remedy, chosen in accord with similia, he is filled with enthusiasm and delight.

Many chronic diseases do not disappear of themselves; the healing power of Nature is not sufficient to eradicate them from the body; nothing less than a far-reaching and deep-acting remedy administered as homeopathy teaches, is sufficient to do this. Homeopathy even strives to rid the body of every vestige of disease and correct every deviation from a state of health.

According to the laws of vibration a musical sound produced on a violin or piano produces a tone on an untouched instrument in the room when the relations are right. So a homeopathic remedy has a healing effect on a human organism disturbed with disease if the application is in accord with the principles of homeopathy.

By means of wireless telegraphy messages are sent over mountain and sea when the related conditions are right, that is, when the electrical apparatus at one end of the line be set in tune or harmony with the electric apparatus at the other end of the line the message is to go. So when the ascertained drug effects of a remedy are like the symptoms of a diseased individual, that remedy, when properly administered, has a curative effect on that individual case of disease. The one must be similar to the other.

Such being the power of homeopathic therapeutics to wholly cure the sick, and such being the high and noble endeavor of the homeopathic physician, well may he have faith in such a system of healing and become even enthusiastic as he makes application of it for the cure of disease.

A FEW REASONS FOR THE EXISTENCE OF HOMEOPATHIC INSANE HOSPITALS.

BY J. T. GREENLEAF, M. D., OWEGO, N. Y.

INTRODUCTION.

The science of alienism is one of the youngest legitimate daughters of philanthropy and medical common sense. It is only a comparatively few years since Pinel broke the shackles from the insane inmates of a hospital for these poor, misguided victims of their own excesses or the maltreatment of others, and only a brief period of time has elapsed since the immortal sage of Kothen took his memorable stand for the care and treatment of the lunatic as if he were sick and feeble instead of looking upon him as one possessed of the devil and to be treated as if he were a criminal.

During the swiftly gliding years of this century of growth in this respect, anything that made for kindness, mildness, considertaion and reason in this great work of the care of the insane has gradually come to be hailed with joy and fully endorsed and approved by the philanthropist.

In studying for a brief hour the adaptability of the homeopathic principle of therapeutics to cases of mental disease and in setting forth the propriety, reasonableness and desirability of placing the insane of every state of the Union in state hospitals, under the care, control and management of the homeopathist, three points naturally suggest themselves:

THE INALIENABLE RIGHT.

First, the homeopathists, as such, have a right to such an institution. The wide, deep and wise government of this great republic recognizes the right of every one to worship God according to the dictates of his own individual conscience, and to employ a physician for himself or family as his own fancy may dictate.

In round terms there is about one in every five of our seventy millions who employ by choice a homeopathic physician, and who believes in and prefers the practice of homeopathic therapeutics.

Even if, as is asserted in certain quarters, the treatment of the insane were the same (which it is not) under either school, still the friends of the patient have a right to secure the practice which they desire, and the state ought to furnish to the indigent the means of obtaining and enjoying their preference in this respect. There is no valid argument against this. Our good government has made such a rule an axiom.

THE TENDENCY OF HOMEOPATHY.

Second, the tendency of homeopathy is toward the milder, the more considerate, the more gentle in the treatment of disease.

The wilder and more savage the people the lower is the value of human life, the less is thought of suffering, the more selfish and coarse are the ways and manners of the general populace.

From the custom that obtains in savage countries of speedily dispatching the sick and the weak, the old and the feeble, down to the more refined murder of the fetus in utero, this rule is established.

However mild in manners, or nice in speech may be the man who daily slaughters the sheep, the calves or the beeves for market, the very fact that he is engaged in taking life tends to harden and brutalize, and the thinking man or woman does not look for anything fine or sensitive in the butcher.

In the days when the copper-visaged warrior roamed at will the plains of the beautiful West, to be met and vanquished by the brave pioneer, it was not the custom of the day, age and locality to be very careful of human life. The tendency was toward brutality and harshness.

Whether it is carried on in the daily avocation of the butcher, or is found necessary to the end of protecting the weak and the unsuspecting, or is encountered in the legitimatized practice of the physician in his effort to save life, it goes without saying that the daily infliction of pain and suffering, or the causing of misery and wretchedness, however brief, tends to become professional, and to render those who practice it more unfeeling and less considerate of those about them.

If, then, this be true and the deductions therefrom are logical and are borne out by human experience, it is very easy to see that if any class of practitioners is to be entrusted with the care and treatment of those whose mental condition bars them from giving testimony in court and deprives their statements of the element of probable truth, which inheres in the speech of the ordinary man, it is to the ones whose daily practice is to relieve pain safely and quickly, to restore to health without the employment of cathartics, the exhibition of the unsafe coal-tar products, or the promiscuous dosing with the various popular diuretics, sudorifics and narcotics.

STATISTICS.

Still further, and thirdly, a resort to the records of treatment in the institutions already existing shows the superiority of the milder forms of treatment, for the treatment of the insane by homeopathic medication is nothing new. The results of the exclusive use of the milder medication are already recorded and can be consulted by any one.

In 1891, at a meeting of the American Institute of Homeopathy in Atlantic City, Dr. Seldon H. Talcott read a carefully prepared series of tables which set forth the comparative results of the treatment of the insane by both schools. These tables are appended hereto and only the general results are recited here.

The time over which these tables extended was eleven years. The circumstances of the institutions under each school were exactly alike except the therapeutics. The figures show that the average of patients discharged, as recovered, when calculated on the daily average population of each institution, was 19.48 per cent. in the three largest and best hospitals for the insane in New York state under old school care, while the one hospital in the same state under homeopathic care discharged 23.82 per cent. in the same time and figured on the same basis.

In a similar way the three old school hospitals reported a death rate of 10.70 per cent. and the homeopathic hospital only 6.51

About that time (1891) the State Care Act went into effect in New York state and all the poor houses and alms houses were emptied into the state institutions and now a new table has been compiled and is also hereto appended, showing that from 1891 to the present time, another period of eleven years, the average per cent. of recoveries in nine state institutions in New York state, when figured on the basis of the daily census, was for the nine institutions 6.59 per cent, while for the elder homeopathic institution it was 9.23 per cent. and for the newer one at Gowanda it was 4.44 per cent.

The death rate figured in the same way was for all the hospitals 8.35 per cent. For the elder hospital under homeopathic care it was 7.17 per cent., for the junior institution 3.52 per cent.

These older figures were made from the annual reports of the institutions in New York state to the State Commission in Lunacy, and might easily have been refuted if there was any error in them, as may the later tables, drawn from the same source.

CLAIM THAT THE TWO SCHOOLS ARE ALIKE IN TREATMENT.

It has been urged by legislators and conservative economists that the desire for the control of state institutions for the insane on the part of believers in the efficacy of homeopathic methods and the safety and superiority of the milder remedies and the small doses, should not be listened to because however the methods may differ in the treatment of some forms of disease, still in mental cases there is no differences whatever.

DIFFERENCE IN THE USE OF REMEDIES.

This is a fallacy because, first, insanity is a disease, not a demoniacal possession, not a peculiar phase of crime, therefore its treatment must follow the law of the treatment of disease, viz: that no two patients are alike, that each one is an individual and as such requires treatment peculiar to himself.

The heroic plan of knocking down every case of mania with a narcotic, be it Bromide, Sulphonal, Trional, Hyosyamin or

what not, is not only unsafe and unscientific, but is very apt to rivet the chains of mania upon the patient forever.

On the other hand, the prolonged use of the confinement sheet or the camisole, without medicine, only serves to let the excitement of the diseased brain wear itself out upon itself, and plunge the patient into chronic mania or the hopeless gloom of dementia.

The theory that vigorous tonics must be employed in cases of melancholia and that nothing else avails for a cure is simply the statement of those who have not used the many remedies which cure this form of mental ailment.

The exhibition of massive doses of Strychnia, Ergot or Conium in all cases of locomotor ataxia, to the exculsion of other medicaments, is to defraud the patient of a large share of his chance of recovery. The old theory of attacking the disease as a separate entity, instead of prescribing for the patient, has been exploded long ago.

From a wide experience in the unvarying practice of individualizing his cases, the homeopathist can readily examine and differentiate the peculiar condition of each patient and can select the remedy for each one, no matter what may be the singular and special symptoms.

He knows the paramount importance of giving remedies to remove the cause of the disease in each case, where surgery, hygiene and moral discipline are not demanded, and he has at hand a large number of drugs for this purpose, which have been tried and proved to be efficacious in this special department of therapeutic effort. A very cursory reference to the homeopathic text-books on this subject will speedily show the truth of this statement.

Secondly, the statement that there is no difference in the treatment of the two schools is a fallacy, because the dominant school uses large doses of narcotics, while the homeopathic school does not use them at all.

HOMEOPATHISTS DO NOT USE NARCOTICS.

Many, yes, most cases of mental and nervous disease suffer from loss of sleep. It is very common for the superintendent of an institution for the care of the insane to find that his

patients, on arrival at his hospital, have not slept for a week or more.

The old school man is sure to resort at once to some favorite "hypnotic," Bromide, Sulphonal, Chloretone, Trional, Chloral, etc., etc. The immediate result is a heavy, stuporous sleep, for long hours, only to be followed by a speedy return to the former excitement or depression, as the case may be.

There is in that case no other procedure but to repeat the narcotic in a larger dose until either the danger of permanent loss of mental power and the near approach to dementia makes it necessary to cease the use of the drug, or to change to some other agent of the same class.

If inquiry is made as to the reason for such use of stupefying agents, the questioner is told that sleep is necessary and that the process adopted is the only one that promises success.

Not long ago the writer heard the superintendent of a very successful institution for the care of the insane say that so simple a substance as hot milk, when ingested in large quantities at short intervals, was the best hypnotic.

The half century past, in which attention has repeatedly been called to this need in the practice of alienists, has availed to prove beyond any cavil that the homeopathic materia medica contains many scores of drugs that will produce healthy sleep.

The facts are that homeopathists do not use narcotics. As a corrollary to the above it may be well to state that in general practice the homeopathist does not resort to morphia, or to other drugs of a stupefying nature, to relieve pain because he has a better plan, i. e., to remove the cause and thus stop the pain and suffering.

RECAPITULATION.

Recapitulating, then, homeopathists should have control of hospitals for the insane:

Because it is their right.

Because their daily line of works tends to make them gentle, tender and careful.

Because their system of therapeutics is proved to be the best by statistics.

Because the one argument advanced by opponents of this pracitce, i. e., that the practice of the two schools is alike, is a fallacy.

Because homeopathists do not use narcotics.

Because homeopathists have large numbers of well-tried remedies for both insomnia and for all mental diseases which the old school do not use.

List of state institutions in the care of homeopathists in the United States:

Massachusetts—Westboro Insane Hospital, 575 beds.

Michigan—Asylum for Dangerous and Criminal Insane, 217 beds.

Minnesota—Fergus Falls State Hospital for the Insane, 1,059 beds.

Missouri—State Lunatic Asylum No. 1, 808 beds.

New York—Middletown State Hospital for the Insane, 1,200 beds, and Gowanda State Hospital for the Insane, 500 beds.

Percentage of recoveries on average daily census for years as below in the old school hospitals and in homeopathic hospital:

	Utica.	Buffalo.	Hudson River.	Middletown.
1879	22.74	.....	9.00	28.91
1880	25.41	.....	11.00	32.79
1881	20.45	17.02	9.00	28.64
1882	17.55	22.00	18.00	29.11
1883	21.82	22.00	18.00	26.03
1884	14.52	26.04	21.00	23.52
1885	20.89	21.80	13.00	20.06
1886	13.69	22.20	17.00	19.21
1887	16.30	28.30	20.00	20.55
1888	16.45	20.60	18.00	19.76
1889	20.06	23.40	21.00	18.84
1890	19.53	29.90	18.00	18.16
For whole period	19.11	23.33	16.00	23.82

Average of three old school hospitals, 19.48.

Average of homeopathic hospitals, 23.82.

Average of deaths on daily census in three old school hospitals and in homeopathic hospital for years as below:

	Utica.	Buffalo.	Hudson River.	Middletown.
1879	7.73	.....	10.00	9.09
1880	6.89	.....	15.00	6.99
1881	8.15	20.00	13.00	7.42
1882	9.17	6.04	15.00	8.43
1883	9.64	15.00	11.00	6.79
1884	9.13	12.90	14.00	7.25
1885	6.84	8.50	12.00	8.20
1886	9.01	7.60	10.00	4.14
1887	10.25	11.60	12.00	4.71
1888	9.98	11.10	9.00	7.11
1889	10.69	9.90	10.00	2.79
1890	13.46	10.21	8.00	5.19
Whole period	9.24	11.28	11.58	6.51

Average for thre old school hospitals, 10.70.

Average for homeopathic hospital, 6.51.

The percentage of cures and deaths at Gowanda, based on daily census, was as follows for three years:

Year.	Recoveries.	Deaths.
1899	2.75	0.18
1900	9.49	5.3
1901	3.82	5.26
Average	4.44	3.52

Gowanda asylum is the youngest of the New York institutions, and is under homeopathic supervision.—Ed.

BY ELLA WHEELER WILCOX.

(Copyright, 1902, by W. R. Hearst.)

I heard the "liberal" man in accents strong
Denounce the bigot and his creed as wrong.
He proved himself, as ofttimes doth befall
The most illiberal bigot of them all.

COLORADO'S NEED.

BY EDWIN JAY CLARK, M. D., DENVER.

Colorado's population increases year by year as if her motto was "Forward!" It is also true that the number of her insane is steadily on the increase. It is also true that there are more new insane cases in the year than the number of cases that either are cured or die. The result is a decided and steady increase in the number of our insane population.

For many years our Pueblo asylum has been filled to its utmost capacity, in fact its population, at times, has been more than it ought to have been. On many occasions it has been necessary to discharge in some manner an old patient before a new one could be admitted. As a result of this overcrowded condition, the mildly insane are allowed to go at large until such time as it becomes absolutely necessary for public safety that they should be placed under restraint. While our population, both sane and insane, has rapidly increased, the state's ability to care for the insane has stood still or has been advanced by makeshift methods. Over 250 state charges are now kept in private hospitals at a heavy expense to the taxpayers, or are kept in some kind of a detention hospital awaiting a chance to be transferred to the state asylum.

Why did Arapahoe county build and equip her handsome detention hospital? Because the business sagacity of her commissioners showed them a saving in cold cash in building, and caring for their insane at home rather than hiring their care in some private institution until such time as our laggard state authorities might provide proper state accommodations. Arapahoe's detention hospital does good work, everything considered, but not as good work as could be done in our Pueblo asylum nor near as good as could be secured in a hospital under homeopathic treatment.

I think you will agree with me that more can be done for an insane patient before the disease reaches the chronic stage than afterward; that more can be accomplished in the early history of the case, when cared for and treated in a proper

hospital, than when treated in the average humble home, or in a county hospital or upon a county farm. Your acknowledgment of these points is an acknowledgment of Colorado's dire necessity, viz: more accommodation for proper hospital care of our insane.

Quite a proportion of the cases received each year at the Pueblo asylum are in the chronic stage. This shows that cases that might be cured have been carried along under makeshift care and treatment until they are incurable by the time they reach the place where a few years earlier they might have been cured. This is a heavy loss to the state. Is it wise to sacifice the minds and lives of our citizens, to blot out their earning capacity, that the state may have a few dollars to spend on so-called public improvements? It is neither right, nor is it a good business proposition. Who can compute the value to the state that occurs in this needless loss of good citizens, this destruction of mind power? Better that there should be no work performed on state bridges or state canals than that one mind should be lost because of the niggardliness, lack of foresight and lack of business acumen of our state authorities who have the power to correct this wrong.

No one can successfully deny that Colorado needs another insane hospital, and needs it very badly. The old one might have a "leanto" added that might accommodate a few more patients, but it would not be a wise business move. What Colorado needs is another hospital at another site than that at Pueblo, and she needs it right now. This need has caused the Bureau of Mental and Nervous Diseases to present to you this practical subject of "Colorado's Need," preceeded by "A Few Reasons for the Existence of Homeopathic Insane Hospitals" from my friend, Dr. J. T. Greenleaf of Glenmary, our leading homeopathic private hospital for mental diseases.

I desire to emphasize, as specially applicable to Colorado, Dr. Greenleaf's conclusion No. 1, viz: that it is our right to have control of hospitals for the insane. It is especially our right here in Colorado that we should have charge of the new hospital that all thinking persons acknowledge should be built.

Where in Colorado, outside of the Arapahoe County Hospital Detention Department, can one secure homeopathic treatment? At the Arapahoe County Hospital there is one man on the homeopathic staff assigned to this work. If you work hard enough and know the ropes you may get a patient assigned to his care. With what horror does the educated homeopath or the layman educated in homeopathic principles, contemplate the possibility of himself or of some of his loved ones, being forced by law to have to run the risk that goes with the treatment of a drug-loving alienist of the other school. It is the right of those desiring homeopathic treatment for themselves or their loved ones to have proper arrangements made by which such treatment can be secured. It is the right of the many homeopathic taxpayers that some arrangement should be made by which one can be healed of their mental infirmity through that "speedy, gentle and permanent" and natural method called homeopathic. While it is ours by right and justice to share in this work, it is also a safe business proposition. Under homeopathic treatment the capacity of every insane hospital would be increased over that of the other school. From the eleventh biennial report of the Pueblo asylum we learn that the discharges of cured were 119, or 15.86 per cent. of the number treated. This would be about fifty less than we would expect to be discharged under the treatment as given at Middleton with a recovery rate of 23.82.

While it is true in Colorado that the drug bills are small, under homeopathic control they would be smaller yet. No narcotics or tonics or expensive coal tar derivatives would be needed. Could we estimate the saving to the state in cold cash there would be no question as to the result. A saving in capacity, a saving in use of stupefying drugs, a saving in days under state charge, a saving of minds to the state. Count it all up; the figures are too big for me. It all emphasizes the fact that Colorado needs another hospital for the insane and that that hospital should be under the best of homeopathic management.

GASTRIC ULCER.

BY WM. R. WELCH, M. D.

Gastric ulcer is a chronic disease, and found in all ages, but more usually in middle life. In about three-fourths of the cases the ulcer is found located in the lesser curvature, on the anterior wall and near the pylorics. Usually we find but a single ulcer, but, however, at times a number are found located a distance from each other, and in time, as degeneration goes on, they become united and form larger ulcers, or irregular patches. The shape, as indicated by the name (round perforating ulcer), round, but occasionally of an oval shape, and where they join or coalesce they are found irregular in shape. Their form is funnel shaped, larger on the inside, and grow smaller in their progress of eating as they pass through different layers of the stomach. We may, and do, have peritonitis without perforation of the stomach, caused by inflammation being excited when the ulcer reaches the serous membrane or peritoneal covering of the stomach, when in such cases there is an exudate thrown out and adhesions with neighboring organs take place, and the stomach becomes fixed or anchored; such adhesions are with the liver, omentum and anterior abdominal wall.

The ulcer may heal at any stage of the disease, thus establishing the fact that ulcer of the stomach is curable, but when the ulcer heals or is cured the trouble with the patient does not cease. In larger, or uniting ulcers, we have a stricture, distorting the stomach and in their usual location partially closing the outlet of the stomach by pyloric stricture and by a cicatrix, which also forms a tumor, found and easily felt in the pit of the stomach.

Etiology—Arterial obstruction is a cause of ulceration, when the mucous membrane becomes dead, because nutrition being withdrawn; then the acid of the stomach causes corroding of this tissue. Accompanied by or following trichinosis we find ulceration of the stomach because of the conditions found in all mucous membrane, also by burning the stomach by an imitating substance swallowed.

Symptoms—Pain in the pit of the stomach usually coming after eating, relieved after vomiting. Vomiting may, however, be at any time, but usually during the cordialgic attacks. Decomposed blood (the coffee ground vomit) is found in the vomit. Sometimes there is, however, a profuse hemorrhage of clear blood, and also hemorrhage through the bowels, noticed by the black tarry stool. Appetite becomes poor, or lost altogether; digestion poor; constipation of an obstinate character; face pale and sallow; rapid loss of flesh; marked prostration, and the tongue is usually found clear and red. The pain in the abdomen is circumscribed, and of small area, except the pain passes through to the spine, which is a characteristic diagnostic symptom of gastric ulcer. Pain is distressing. A small, hard tumor is often found in the pit of the stomach.

Differentiation—The diseases more closely resembling gastric ulcer are, first, chronic catarrh of the stomach; second, gastralgia; third, cancer of the stomach. In the ulcer there is usually a clear tongue; chronic catarrh has a coated tongue. The ulcer has more frequent vomiting than catarrh. Catarrh has not the soreness in the pit of the stomach circumscribed as with the ulcer, but it is general in catarrh. The ulcer has falling off of flesh, pale face, features show distress, vomiting between the cardialgic spells, and none of these are found, or marked in gastralgia. Cancer of the stomach more closely resembles the round ulcer than any other disease, but comes at a later period in life. The pain in the stomach does not extend to the spine (noted of the ulcer); cancer runs a much more rapid course and soon shows the marked sunken features and cancer cachexia which is not noticed in the ulcer. Cancer has a bright, fiery, delirious looking eye, not noticeable with the ulcer. In ulceration we may have adhesions of the stomach, with surrounding strictures, with slight or no displacement of the stomach, while in cancer we do not have adhesions with other organs, and may have most any degree of displacement of the stomach.

Treatment—The treatment of ulceration of the stomach is both medical and surgical, or either medical or surgical, as the case may be. Medical treatment consists, first, of a carefully selected and regulated diet of broth made of beef, mutton, chicken or wild game, milk and good cream. Solid food of all kinds, starches and acids to be discontinued and strictly withheld.

Medical treatment will be found beneficial by the use of Arg. Nit., Arsenicum, Carbo Veg., Nux. and Sepia; Selicea is frequently of benefit.

Surgical Treatment—Ordinarily the best location for your incision is in the median line, and usually long, from the ensiform catilage to the umbilicus, but if early, before disease extends beyond the stomach, a very small opening is sufficient. If perforation is on the posterior wall, and adhesion and abscess has formed, you may be unable to get at that part conveniently, then open the anterior wall and treat the posterior perforation through the anterior incision and close as under other circumstances. Before beginning any operation on the stomach, thoroughly empty it and restrict all food for at least twelve hours prior to the operation. Perforation on the posterior wall of the stomach usually results in much less sudden and alarming symptoms than perforation on the anterior wall.

We have three periods for surgical operation in connection with gastric ulcer, first, during the progress of the ulcer; second, immediately or as soon as possible after perforation; and third, after the ulcer, or rather ulcers, have healed. Under the first condition (gastrotomy) is the operation which is usually called for, and consists only of making an incision in the stomach over the seat of the ulcer and by suture uniting the free margins, which must be done in a manner so as not to leave any denuded surface exposed on the inside of the stomach, but in cases where there is found much diseased tissue, duodeno-gastraotomy or gastro-enterostomy may be called for. Under the second condition the form of operation cannot previously be decided upon, but made as demanded by the conditions found. Under the third condition, which is to remove the condition existing as a result of ulceration (a tumor composed of heavy scar tissue from a large ulcer, or the uniting of a number of ulcers, or a pyloric stricture, caused by bands of cicatrical tissue). Gastrostomy is performed, as a rule, which consists of an incision through the wall of the stomach, at the seat of the stricture, or surrounding the cicatrix, in a line with the axis of the organ at that point, and to overcome the stricture the incision thus made is closed by bringing the two ends of the incision together, opposite each other at a point corresponding to the center of the wound after closure, and uniting their walls by suturing and closing the incision crosswise of the stomach, or in an opposite direction from that made, thus widening the organ at the point of stricture, and relieve the impediment in the passage of food. I do not desire, at this time, to enter into the technique of the different operations, but defer such until discussion brings out such points or question, which, if called for, I will endeavor to answer or explain.

UTERUS BICORNIS WITH VAGINAL SEPTUM, WITH THE REPORT OF A CASE.

BY R. O. BUTTERFIELD, PH.D., M. D.

All will agree, that with very few exceptions, all congenital deformities are the result of either lack of development of certain structures, or a redundancy of tissues in some part or parts. An exception worthy of mention in this connection, are those cases resulting from degenerative processes, as e. g. hydatiform mole.

The uterus bicornis and uterus duplex come under the head of the first, i. e., lack of development. In order to show that this is true, it is necessary to study briefly the development of the female genitalia with reference to comparative anatomy.

In the primitive body cavity, on either side of the axial structures, there arises a ridge of tissue just at the junction of the somatic and splanchnic mesoblast that is known as the nephritic ridge. This seems to rise at the cephalic end of the coelome and to develop toward the caudal end. On the outer side of each ridge, a line of cells becomes invaginated and carried into the ridge, forming a cord of cells somewhat different from those immediately surrounding them. Later this cord of cells becomes hollowed out, forming a tube, known as the pronephric duct, which opens posteriorly into the cloaca. Smaller transverse tubes are formed along the track of the original invagination, connecting the pronephric duct with the coelome. Blood capillaries form around the outer ends of these tubules and glomeruli are built up. The more cephalic of these develop first and the organ is called the pronephros; it performs the function of the kidney in higher forms of vertebrates for a short time only, in early foetal life and then becomes functionless. In bony fishes, the pronephros remains as the permanent kidney, while the more posterior portions that go to form the mesonephros and the metanephros do not develop as in higher forms. In the forms higher than the bony fishes, as the pronephros becomes less active, the middle portion of the nephritic ridge develops similarly to the cephalic portion. This median portion is known as the wolffian body or mesonephros. This portion performs the function of the kidney for a while during foetal life, but its place is taken later in birds and mammals by the metanephros, which is developed from the most posterior portion of the nephritic ridge.

Near the wolffian body and parallel with it, there arises a tube known as the müllerian duct. Its exact mode of origin is not definitely known, but the latest investigators believe that

the cephalic portion is developed similarly to the pronephric duct from the mesothelium, while the caudal portion is believed to be produced by a longitudinal splitting of the wolffian duct. If this view be correct, the two portions become united, for later, we find the tube opening anteriorly from the coelome by a funnel-shaped aperture and emptying posteriorly into the cloaca near the wolffian duct of its side. Thus in origin we can see that they are separate throughout their full length. In lower forms they remain separate. In the second month of human foetal life, the caudal portions of the müllerian ducts approach each other and unite in the sagittal plane of the body; the partition breaks down between the two and there is a canal which is not yet divided into uterus and vagina. About the fifth month of foetal life, a thickened ring develops in the wall of this canal, midway of its length. The walls continue to thicken upwards and the uterus is formed.

If the two müllerian ducts have not united as far upward as they usually do, there will result a deformity of the uterus and possibly of the vagina, the extent proportionate with the lack of union. When the lack of union is but slight, there may be but a slight depression on the outer aspect of the fundus with a sagittal ridge of greater or less extent inside. This form is known as uterus bicornis. The internal ridge may be so extensive that it forms a complete septum.

There may be such a deformity produced by non-union of the müllerian ducts, that the depression extends down to the lower end of the cervix, giving a uterus diadelphus.

There may be a fusion of the walls of the müllerian ducts in the sagittal plane, and there may be a failure on the part of nature to absorb the partition wall; then a complete septum running up the vagina and uterus would result.

This last condition is one that I found in a woman to whom I had been called and whom I found to be in labor. She was of American birth, German descent, twenty-eight years old, five feet eight inches tall, of large frame but of spare build, twice married, mother of one male child four years old, by first husband. This child was born in Kansas City, Missouri, the labor lasting about twenty-four hours; instruments were not used. The family had been in Denver about two months.

After getting a little acquainted and finding that the pains had been coming for about eight hours, although very irregularly, I proposed making an examination. After making the usual preparations, I began the examination. I found considerable laceration of the perineum, but the vagina was not as roomy as one would be warranted in expecting from the size of the woman and from the fact that she had already borne one

child. The right side of the vagina seemed to have a ridge running from the front to the back, about one inch from the vulvar opening; the right side above this ridge gave a different sensation to the examining finger than the left. I thought very little of this at the time, however. I found the vault of the vagina small and the os close to the right side, in fact the cervix seemed drawn to the right. The os was only slightly dilated, perhaps a little more than to the size of a lead pencil, and rather firm to the touch. The parts were very tender and the examination caused considerable irritation. A pain coming just then, the examination was stopped. After the pain, I satisfied myself by palpation that the head was the presenting part, but did not determine the position.

After about forty minutes, the pains having become more regular and closer together, another digital examination was essayed. This time things seemed to be reversed. The ridge was to the left, and the left wall gave the same sensation that the right one had given before. The vault, also, certainly was larger than on the first examination. The os was dilated to the diameter of two fingers' width, yet it lay this time more to the left. The occiput was in the second position.

Curiosity was aroused, and in making a slight examination of the ridge mentioned before, lo! the finger glided under the ridge and things were as they were on the first examination, except that the os was dilated somewhat more. It was very plain now that there were two vaginae, with a septum between. Further examination showed the septum to be fairly elastic, but sensitive like the other parts.

Visions of complications went through my mind, but with them came the comforting thought that the woman had gone successfully through one labor. Suffice it to say that although the labor was slow, everything went well, and the woman was delivered of a six-pound female child.

After the delivery of the secundines, a careful examination was made for lacerations, attention being given to the septum, but there was no tear here and the perineum had escaped without an extension of the old rent. The woman went through the puerperium nicely, the lochia ceasing about the fourth week. About a week later the woman called at my office and I told her what I had found. She wanted to be examined and to know the condition of the womb. This I promised to do later. In four or five weeks she returned. I found the uterus rather larger than might be expected at this time; it was asymmetrical. The right side was more prominent, and the fundus, instead of lying horizontally, inclined to the left side with a prominent notch near the left side. If there was a left ovary,

I failed to find it. Through a Graves' speculum, I introduced a small sound into each oral opening to the uterus. The cavity of the left side had a depth of about one and one-eight inches, and the right, about two and five-eights inches. If there was any opening between the two sides of the uterus, I failed to find it, as the two sounds never came in immediate contact.

This was an example of uterus bicornis with a vaginal septum, with the left side imperfectly developed, probably no ovary on the left side, in which case the left side would be sterile.

SOME OF THE PROMINENT URINARY DISTURBANCES WITH THEIR CHARACTERISTIC PHASES.

BY C. E. TENNANT M. D.

Notwithstanding the fact that the liver and some other organs are credited with accomplishing more work in the economy of the body, there is no organ which is so sensitive to physiological change, so delicately balanced as to easily respond to slight provocation, as the kidney.

Seldom do we find a nephritis pure and simple. Lesions of the heart or other organs are usually present as etiological factors, or, are the products of previous renal disturbances, and thus complicate the nephritis.

For this reason, if no other, it is difficult to elucidate characteristic mental symptoms of clinical value. Certain well-known nervous phenomena are attendant upon auto-intoxication where the eliminative function of the kidney is impaired, but aside from the possibility of complication in other organs, or toxemia, nephritis has few if any characteristic mental symptoms of clinical worth.

The cerebral symptoms in nephritis vary from slight headache and tremors in the milder forms of intoxication, and the restlessness and anxiety of heart complications, to the violent maniacal delerium and convulsions of a rebellious or worn-out and degenerate kidney. Somnolence, mental stupor, or coma also occur. Anders voices the experience of many when he says "The onset of a noisy delerium, and less commonly of a marked mania, is often quite abrupt and may be the first manifestation of bright's disease in an individual." Delusional insanity may occur, although convulsions and coma are the most common symptoms.

Uraemia is the most constant factor, and according to Anders, "Uraemia is the term applied to a group of manifestations,

mainly nervous, and either acute or chronic, resulting from a toxemia due to the retention in the body of certain products of urinary or renal origin. Strictly speaking, uraemia means simply blood containing excrementatious urinary substances."

Our present knowledge of the pathology and etiology of uraemia is purely theoretical. It occurs both in those forms of nephritis which have specific and definite pathological lesions of the organ, and in certain nervous diseases, as in diabetes, where the kidney itself shows little or no evidence of lesion, and often no evidence of organic change is apparent in other organs. The toxemia is diabetes appears to be largely governed by the amount of acetone in the urine, rather than the quantity of sugar or absence of urea. The coma in diabetes is the most grave as well as the most important symptom, marking as it does, the fatal termination in more than half the fatal cases. Headache, irritability of temper, hypochondriasis, and temporary hemiplegia, are often the premonitory symptoms to the approach of fatal toxemia.

Diabetes insipedes or polyurea, with the attendant neurotic conditions has been frequently noted, and especially does it occur among women up to thirty years of age. Neurasthenia, insomnia, hysteria, melancholia and chorea are the more common neuroses present.

Among the frequent urinary diseases occurs the renal hyperaemias, which are usually transient. They occur during the infectious diseases, and at times are the initial stage of acute or chronic nephritis. Hyperaemias may be either active or passive. In the active the urine is, as a rule, scant, dark, high specific gravity, acidulous and albuminous. There is usually frequent micturition, at times with pain and vesical tenesmus. Pain and tenderness are usually elicited upon deep pressure over the kidneys. In the chronic or passive form the clinical features are quite different, indicating as they do the complications of heart or other organs. Here we find early the dropsies of the lower extremities, with general cyanosis, dyspnoea, hacking cough, venous stasis and weak, thready pulse. Anxiety and general apprehension are usually present.

In the acute diffuse nephritis the urine is usually cloudy, decreased in quantity, high specific gravity, and albuminous. Dropsy is here general in the face, hands and feet. There is moderate pallor, some temperature, probably 102, with a full, resisting pulse. Frontal headache occurs early, and often severe. Gastric symptoms, as anorexia, thirst, nausea and vomiting, may also occur.

Acute uraemia is very common and early manifested by visual disorders, or acute mania. Later, stupor, temporary

paralysis and convulsions appear. Dull, aching pain or stiffness about the loins, with tenderness upon deep pressure, is often present.

Chronic diffuse nephritis is removed from the former urinary disturbance but one degree, as it is usually its sequel, or of insidious development after scaritiinal and diphtheritic nephritis. Many are the cases of chronic diffuse nephritis that are the outcome of badly treated or neglected cases of scarlet fever, and a patient having that disease should not be permitted to go without weekly examination of the urine, both chemically and microscopically, for at least six weeks after all evidences of exfoliation have disappeared. In these forms of diffuse nephritis the mental and nervous symptoms do not occur until late, usually after the obstinately progressive dropsy of both the cellular and serous cavities has disappeared. This is particularly true of the chronic diffuse form. Anaemia, debility and emaciation are usually present, together with such gastric symptoms as anorexia and impaired digestion.

Uraemia, as I have suggested, is not so prominent and common a complicating factor. In the chronic interstitial form, however, we have this uraemic factor early and pronounced; in fact, it is entirely out of proportion to all other symptoms, although cardiac complications are early and markedly pronounced. These cardiac symptoms are evidenced by hard, resisting pulse, accentuation of the second sound, heard best in second right intercostal space, one and a half inches from sternum. The cardiac dullness is often below and to the left of the usual site. Impaired vision is common, as well as mild post-cervical neuralgias. The periodic attacks of diarrhoea will be remembered, while among the cerebral symptoms dyspnoea, drowsiness, coma and convulsions are present in even earlier stages than in the diffuse form. Recurrent winter bronchitis are also worth noting. Increased and frequent urination is always present, together with low specific gravity and recurrent attacks of albuminuria. The albumen is never a constant factor, and here is where the physician may err, if he depends solely upon the albumen reaction for his diagnosis.

Whatever is worth doing is deserving of doing well. That simple and careless observations for albumen and sugar are deceptive and dangerous habits for the physician goes without saying, and a study of renal elimination and sedimentation are absolutely essential to the successful detection of metabolism and renal efficiency.

A. I. H.—1903.

Chicago, Nov. 20, 1902.

To the Members of the American Institute of Homeopathy:

The executive committee, after careful investigation and consideration, has decided that the best interests of the Institute will be served by holding the session of 1903 in the Back Bay district of the city of Boston, with the Hotel Somerset as headquarters.

This arrangement, the committee is confident, will afford the most satisfactory accommodations and the greatest facilities that it is possible to obtain. The available hotels are the Somerset, Vendome, Victoria, Copley Square, Nottingham and the Lenox. The Somerset is the most select, non-commercial hotel in Boston. The management has granted the American Institute the most favorable terms it has ever offered to any guests. The Somerset, on the European plan, will provide 300 rooms at the rate of $2.50 per day. The hotel offers a special table d'hote menu of breakfast, 60 cents; luncheon, 65 cents; dinner, $1.50. Any one or all of these meals may be taken, and only the meals taken are paid for. At the Nottingham the rates are $1 per person per room, with meals a la carte at reasonable prices. At the other hotels named first-class accommodations can be secured at prices ranging between these two, so that all preferences and all purses can be suited. The Somerset can take care of 600 and the six hotels named can care for an aggregate of 1,800 guests, which is seen to be ample for the demands of the occasion.

The Institute meetings will be held in the banquet room of the Hotel Somerset, which will provide a most satisfactory auditorium, with perfect acoustic properties, absolute freedom from outside noises and ample seating capacity. In the Somerset are six desirable rooms suitable for committees and for sectional societies, while next to the hotel is a public building with still other available halls, where, also, the exhibits will be placed. The committee is convinced that the conditions in the Back Bay district of Boston are little short of ideal for one of the most pleasant, profitable and satisfactory meetings that the Institute has ever enjoyed.

The committee, in arriving at its decision, has not been unmindful of the almost universal sentiment on the part of the Institute members in favor of holding its sessions at some

watering place or other resort. But in the present instance it was found to be wholly impracticable to fulfill these conditions. Nantasket Beach, the one and only place of the character available, was found to be distinctly unsuitable. The hotels are not as inviting as they should be, and, moreover, it would be possible to overtax their capacity. They contain no proper auditorium, and meetings would have to be held in a tent erected on the lawn. For these reasons, and others equally cogent, it was found to be inexpedient to make choice of the Beach.

The session will be held the week of June 22nd to 27th, 1903. The preceding week, the 15th to 20th, would have been the committee's choice but for the fact that it is "class day" week at Harvard, and on this occasion reservations are yearly made by all the desirable hotels, and it would, consequently, be impossible for the Institute to secure adequate accommodations. In addition to this, facilities for entertainment would be seriously curtailed, and, what is of far greater moment, public interest would be so divided that the Institute would fail to receive the recognition and attention which is a feature so much to be desired, and for which, in our annual meetings, effort is always made. Only the necessities of the occasion, as here set forth, would have induced the committee to make this variation in the date.

The committee has full confidence that the success of the Boston meeting, which may safely be predicted, will fully justify its action.

JOS. P. COBB, M. D., President-elect.
Ch. GATCHELL, M. D., Secretary.

KIPLING ON DOCTORS.

Rudyard Kipling, at the annual dinner of the Harveian society of London, replied to the toast of "The Visitors." He said he had been thrown much in the company of medical men in all parts of the world, and he admired them. Had seen them going to certain death, with no hope of reward, because it was "business." He had also seen them handling cholera and small-pox and when dying therefrom, wiring for a substitute. He had seen them in Vermont manage a practice twenty miles in each direction, driving horses through eight feet of snow to attend an operation ten miles away, and digging their horses out of the snow and proceeding. "It was one of the proudest things of my life," he said, "to have been associated with real fighting men of this class."—Medical Age.

MATERIA MEDICA.

CNDUCTED BY EDWIN J. CLARK, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, DENVER HOMEOPATHIC COLEGE.

AGARICUS MUSCARIUS.

This remedy prefers light haired persons with lax skin and muscles. Hahnemann placed it amongst the anti-psoric remedies, and later it was found to be specially adapted to that special psoric condition that we now call tubercular. Crude doses have shown results covering a period of forty-nine to fifty-six days. In a high potency its action is quicker and more marked than when given low.

Nervous symptoms predominate and the remedy should oftener come to our minds in the nervous conditions of the acute diseases than it does. Teste compared it with Bell. and Lach. and advises its use where these remedies appear to be indicated and fail. Like Bell. it is frequently indicated in those who in light conditions show quickly delirium. Intoxicated expresses one of its marked conditions. Sometimes there is simply a difficulty in walking, accompanied by a morose taciturnity; again, though this difficulty in walking has not disappeared, yet he indulges in many unnecessary and grotesque motions. He talks, talks smart, talks silly and may even whistle or sing and in other ways show the intoxicated state of mind and nervous system. Its loquacity recalls Stram. and Lach. and we can readily place it as intermediate between the two. Its delirium is of the active, stirring kind of Bell., and like that remedy he wants to go home.

Muscles twitch and groups of muscles twitch and jerk. The patient will endeavor to look you in the eye and the eye ball will oscillate from side to side. Twitching of the eye lids is so marked under this remedy that it is often prescribed when no other symptom of the remedy is noticeable. The twitching is everywhere, now here and now there. Sleep brings rest. Mind as well as muscle seems to be under this jerking condition. He uses the wrong letter or the wrong word against his desire. Mind appears to be overworked and tired out. The tongue trembles when protruded. He is cold and dreads the cold, but is made worse by overheating or too much warmth. He tingles and prickles now here, now there. Areas of cold, so cold that it burns and tingles. Parts even look, as well as feel as if frost bitten. Formication and itching, both due to nervous causes, are marked. Scratches the skin off where there is no visible eruption. Complains of sensitiveness in the spine or in the region of the spine, with this same burning, tingling and prickling.

Agaricus rivals Ruta in eye strain. Eye strain calling for Ruta produces pain, while that calling for Agaricus causes twitching of the muscles with the characteristic tingling and burning sensation. The remedy has proven of value in the

irritable heart of tea, coffee and tobacco users. Excessive mental work may bring on conditions calling for this remedy. Nux comes in for the early effects of an alcoholic debauch, while Agaricus is called for after the passing of the Nux stage. Over sexual indulgence, also, may prove a determining factor for Agaricus. Many other marked conditions are found in this remedy, but our space is limited and we have room for only a quotation from Prof. Kent in regard to the dyscrasia that calls for Agaricus:

"I remember starting out once to prove Tuberculinum on an individual I suspected would be sensitive to it from his history and symptoms. The first dose almost killed him, and, considering the use that substance is put to in diagnosing the disease in cattle, it seemed to stir up his tuberculosis. He became emaciated and looked as if he would die. I let him alone, and watched and waited patiently and the symptoms of Agaricus came up and this established the relationship between these two remedies and confirmed Herring's observation of the relation of Agaricus to the tubercular diathesis. Agaricus cured him and fattened him up. E. J. C."

MALANDRINUM.

"I have a case cured by this remedy that confirms some of the symptoms which occurred in the proving. The patient came to me six months ago with symptoms that pointed to eczema of the face. There was oozing of a sticky, viscid fluid, with intense burning. Also much edema in the skin; small scales exfoliated, aggravation from bathing; cold air gave no relief; it was worse at night. My success had been so meager that I was well nigh disheartened, when I saw in the Medical Advance the result of the empirical prescribing of this remedy by our Boston friend and I gave the patient one dose of it. Later the patient came into my office in a great hurry, saying that some strange Gypsy had performed an incantation over her and on awakening in the morning she was well. She stayed away three months and when she came back she was still perfectly well. A few weeks later she returned with a slight aggravation and as she told me of it she wept bitterly. Pulsatilla cleared up the case beautifully.

MARK M. THOMPSON, M. D."

DENVER HOMEOPATHIC CLUB.

BY. EDWIN. J. CLARK, Secretary.

On Monday evening the club met at the Brown Palace with a fair number present. Dr. David A. Strickler read a paper entitled "Clinical Eye Cases," in which he referred to both good and negative results in headaches from the correction of refraction errors that might cause eye strain. Dr. Burr,

in opening the discussion on the paper, thought that we often blamed the remedy for failure to relieve headaches when the remedy did all that it could, but could not change the structure of the eye, and thus the remedial treatment was abortive without the mechanical assistance of the eye correction. He thought that a general practitioner should know enough about the specialties to refer his cases, when necessary, to the specialist, and suggested that specialists should sometime call in the general practitioner a counsel.

Dr. Calvert asked for a remedy for a gentleman by occupation a bookkeeper who had for a number of years had severe aching of the occiput, the headache beginning upon waking and lasting until 10 a. m., at which time there was an intermission until 4 p. m., when the pain returned and lasted until 8 p. m. Pain was relieved by pressing the head hard against the back of the chair. Dr. Strickler suggested Nat. Mur. and Dr. Willard Caust. Dr. Welch, referring to the essayist Melilotus case, said that it was his understanding that this drug needed to be used in large doses to get results. Dr. Armbruster suggested that all headaches relieved by closing the eyes should be sent to an oculist for examination, as he found that two-thirds of his cases of eye-strain had this amelioration. Drs. Peck and Strickler considered this symptom as quite unimportant, not occurring in such a large percentage of their cases and absent in the worst cases. Dr. Tennant spoke of a case of continual sick headaches where the error of refraction was so slight a number of oculists advised no correction. Later correction was made and the headaches disappeared.

Dr. W. R. Welch read a paper upon "Carcinoma Uteri" that was ably discussed by Drs. Smythe, Harris, Peck, Calvert, Burr, J. B. Brown, Willard and Tennant. Dr. Smythe, in the opening discussion, reported a case pronounced by a number of excellent diagnosticians and professional microscopists as carcinomatous, coming into his care, and under simple local treatment and the use of the indicated remedy healing up and after the lapse of quite a number of years not returning. The essayist considered the case one of mistaken diagnosis and suggested that it was a "papillomatous cervicitis." This expresses the views of the evening: First, cancer can be cured; and second, if cured it is not cancer. One speaker thought that it was advisable to remove the uterus in every woman of the age of forty that showed any scar tissue as a preventative of cancer.

At 10:30 the club adjourned until December 15th, when Dr. Walter Joel King will present "Unmodified Cow's Milk as a Food for the Infant or Invalid in Disease;" Dr. C. W. Enos, "A Few of the Important Phenomena Manifested as a Result of Disturbance of the Sympathetic Ganglionic Cycle;" Dr. E. P. Miller, "Sanitary Science," and Dr. J. B. Brown, "Bacteriology as Applied to Medicine and Surgery."

THE CIRTIQUE.

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JAMES WILLIAM MASTIN., M. D., ASSOCIATE EDITOR.
J. WYLIE ANDERSON, M. D., BUSINESS MANAGER.

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EDITORIAL COMMENT.

SOME CHANGES.

With the beginning of the New Year The Critique will enter upon the tenth year of its publication, and we take advantage of the present opportunity to advise our patrons of several changes which will occur at that time. First and foremost (and we are aware that this move will be received with sincere regret by those who have followed this journal's course since its inception), Dr. Samuel S. Smythe will retire from the active editorial management and will be succeeded by Dr. J. W. Mastin, the present associate editor, as well as office associate with Dr. Smythe. Dr. Smythe has decided upon this course, as he finds his time too thoroughly occupied by professional duties to give his department the care and attention which he considers is due a publication of this kind. We are pleased to say, however, he will be so close at hand that his successor will have the benefit of his advice and counsel (in more ways than one), so that the interests of homeopathy and such members of the faith as are endeavoring to practice the "real thing," will not suffer materially by the change. His many professional friends located broadcast throughout the country, who know and admire him for his strict adherence to Homeopathic

principles, and are accustomed to his advocacy of the true Hahnemannian law in tones of no uncertain sound, will be pleased to learn that The Critique has not been entirely abandoned by him because of his name not appearing upon its editorial page. At the same time of the above change we will begin the issuance of this publication upon the 1st instead of 15th of every month, and trust those in charge of the several departments, our occasional contributors and any one having dealings with us in a business way, which will be affected by this change, will govern themselves accordingly. M.

THOSE RESOLUTIONS AGAIN.

The Colorado Homeopathic State Society held a most successful annual meeting the last of September. The new officers elected were: President, C. W. Judkins, M. D., Glenwood Springs; first vice president, D. A. Strickler, M. D., Denver; second vice president, C. F. Stough, M. D., Colorado Springs; secretary, Edwin Jay Clark, M. D., Denver; treasurer, F. A. Faust, M. D., Colorado Springs. The attendance at the meeting was good. An important resolution was presented by Dr. E. J. Clark, which reads as follows: "Resolved, That it is the sense of this society that should there be established another insane asylum it should be under homeopathic control. 1. It is our right. 2. Our daily line of work tends to make us gentle, tender and careful. 3. Our system of therapeutics is proved to be the best by statistics. 4. Our method of treatment is very different from that of our opponents. 5. We do not use narcotics. 6. We have large numbers of well-tried remedies for insomnia and all mental disease which the old school do not use." The resolution was carried. Thirty-seven per cent. of the homeopathic physicians of the state are members. We believe this is a banner record.—Medical Century.

No, dear Century, it did not pass, that is the important part of the resolution did not, at least, as a majority of the members of the "banner record" makers present decided by their ballots that the six "whys" given as a reason were unnecessary, as a belief that "should there be established another insane asylum it should be under homeopathic control" and ad-

ministered them an unusually large dose of knock out drops, so that the said six reasons were put to sleep in the waste basket. We hate to disabuse the mind of our esteemed New York-Chicago contemporary after its having given Colorado homeopaths such complimentary mention, but we can't help it. We hope, however, that our legislative committee will redeem this action by presenting the six good and sufficient reasons to the forthcoming Legislature in six different languages, if necessary, as we feel that the success of their efforts in this direction will depend largely upon their ability to show those empowered with authority to decide so important a matter as to whom shall or shall not have charge of a state institution, the humane and economic management of which concerns so many, that they are on hand "with the goods." M.

ANTI-ALCOHOL SERUM IN FRANCE.

Drs. Sapelier, Thebault and Broca have advised the French Academy of Medicine that they have discovered an anti-alcohol serum. They stated that their experiments proved that a horse fed for a certain time on doses of alcohol and food mixed with alcohol furnished a serum antiethyline which, injected into victims of the alcohol habit, gave them an absolute distaste for the liquor. Dr. Sapelier has sent a second communication to the Academy stating his methods and results obtained. He cited fifty-seven cases of drunkands treated by anthiethyline; thirty-two cases were successful, or sixty per cent: fifteen per cent had their condition improved, and the failures amounted to twenty-five per cent which was caused by irregularity in following the treatment, or from physical defects considered as unfavorable. It has been stated that the success obtained by the injection of anti-alcohol serum is due to imagination or auto-suggestion, but this is refuted by Dr. Sapelier, who states that the hysterical and impressionable patients figure among the failures, or those who were merely improved in condition. The three doctors have deduced an ingenious theory from their system. They say that the action of anti-alcohol serum awakens reflex acts which as a whole, constitute originally the instinctive distaste of a man for alcohol, thus re-establishing a natural habit in place of the induced habit.—Scientific American.

NOTES AND PERSONALS.

The Critique is published on the 15th of each month. Subscribers failing to receive their copy promptly, please notify us at once. If you change your address, write us. The policy of The Critique is liberal, progressive and independent. It is not the organ of any institution, college or pharmaceutical preparation, but is published in the interest of its readers, advertisers and the homeopathic profession. Doctors are invited to write articles for insertion, and not to forget to send in their subscriptions.

Mrs. Dr. J. W. Mastin, after an absence of nearly two months in the East, returned home Thanksgiving morning.

Beginning with the January issue The Critique will appear on the 1st, instead of the 15th, of each month, as heretofore.

Dr. Swan has decided to locate at Avondale, Colorado, taking Dr. Bowie's practice there. The people of Louisville lose a good homeopath, but what is their loss is the gain of Avondale.

"Remember, my dear brethren," said the minister, "that charity covereth a multitude of sins. I hope you will be unusually generous in your offerings this morning."—Detroit Free Press.

Dr. William F. Burg is on the medical staff of the Elks, who have a number of rooms furnished at St. Joseph's hospital, where worthy brother Elks are cared for in case of sickness.

Dr. J. S. Yamada of Chicago paid The Critique a brief visit the latter part of November. He is looking for a location in which to practice his specialty—that of the eye, ear, nose and throat.

In the law of similars lies the only true way in medicine, and the world is gradually finding it out. It will pay us to stand by our colors and let the allopaths continue their experiments. We have the law, and the law will carry us through.—The Medical Advance.

(24627.) I noticed in your columns last week an advertisement for a person to take charge of a church choir and play the organ, either lady or gentleman. I have been both for several years and would like to communicate with advertiser.—Petroleum Idea.

A representative of The Critique made a pleasant call upon Dr. N. Cramer of Loveland, Colorado, while at that busy sugar manufacturing town recently. Dr. Cramer reports business good, having treated twenty cases of typhoid fever since locating there in the fall.

At the Saratoga meeting of the American Association in June last it was voted to allow all members to consult with homeopathists, eclectics, etc., in fact anyone who had the price. Verily, as Brother Jasper says: "The sun do move."—Minneapolis Homeopathic Magazine.

J. H. Outhwaite, one of the most prominent and wealthy citizens of Cleveland, died in New York City Saturday as the result of a surgical operation. It must have been a great comfort to him in his last moments to know that his demise was perfectly "regular."—Denver Times.

Miss Florence Elfleda, daughter of Dr. and Mrs. A. C. Cowperthwaite, was married Thanksgiving day to Mr. Levi Stewart Thomas of Omaha, Nebraska, at the residence of the bride's parents in Chicago. The Critique wishes them all manner of happiness, long life and prosperity.

Is there anything in the following, which we clip from an exchange:

Boy or Girl—Which Will It Be?—If the expectant mother walks slowly, flatfooted, has sunken eyes, and craves oysters, it will be a boy. If she walks quickly, with elastic gait, has full eyes and craves sweetmeats, it will be a girl.

Dr. J. M. Walker, who was injured October 4th, by coming in collision with a portion of the fire department, held a certificate in the Physicians' Casualty Association of America, and the company stands ready to settle his claim as soon as presented. Their advertisement appears in this issue of The Critique.

Dr. Eugene F. Storke, a former associate upon The Critique, has made a reputation as a lecturer. He belongs to one of the lecture bureaus. His lectures include Shakespeare, Victor Hugo and Charles Dickens. The doctor leaves January 3rd for another European trip, going to Paris by way of the Mediterranean.

The Mrs. Charles L. Adams memorial home was formally dedicated Wednesday afternoon, November 26th, a large number of prominent people participating. Mrs. S. E. Webb is the matron-in-charge, and the inmates of the home speak in the most glowing terms of the kindness, thoughtful care and courtesy shown by her to each and every one.

Dr. J. Wylie Anderson, business manager of The Critique, together with Mr. F. A. Williams, president of the D. A. C., and Mr. J. F. Tourtelotte, a prominent attorney, left on the 6th instant for New Castle, Colorado, for a lion hunt. They have secured Mr. Sam Hines as guide, who has the finest pack of lion dogs in the state. They are anticipating great sport.

The many friends of Dr. J. D. Nye will regret to learn that on the evening of November 25th, at the corner of Williams and Fortieth streets, Dr. Nye's buggy came in contact with a fire plug and the doctor was thrown to the ground, sustaining several serious bruises. Although incapacitated for some while, no serious results are anticipated from the injuries.

The August number of the Colorado Medical Journal reached us about November 20th, between three and four months late. Brace up, Brother Beggs. Adopt the motto "Forward," and do not try and force the unsuspecting public to read August ancient history and advertisements in December. Doctors are "easy," but how do you explain to your advertisers your advantages as an up-to-date advertising medium?

There is no better exchange coming to our table than The Critique of Denver. Every number is of a high order and contains always a number of fine articles, and the October number is no exception to this rule. Brothers Smythe and Anderson and Mastin are doing good work for the cause. There are a lot of good fellows in Colorado, and they are all for San Francisco for the institute meeting in 1904, and so are we.—Medical Century.

A doctor once presented himself at the Golden Gates for admission, and after passing a fair examination as to his conduct, Saint Peter agreed to permanently admit him if he could pick out Adam and Eve from the assembled angels. The doctor looked around and soon found his progenitors. But Peter was puzzled and asked the doctor how in the name of the golden harps had he managed to recognize the first couple. "Oh!" said the doctor, "that is quite easy; they are the only ones without an umbilicus."—Exchange.

The students in the Council Bluffs, Iowa, high school publish a monthly journal called The Echoes. Besides containing an unusually meritorious quality of news matter, interesting to the parents and scholars, it is very liberally patronized by the business men of the city, and the artistically designed title page is the work of Mr. Alfred Hanchett, son of Dr. A. P. Hanchett, one of the best known and most successful homeopaths of the Missouri valley. The younger Hanchett's work in his particular line shows talent of a very high order.

The editor sat in his easy chair, lighting his pipe on his auburn hair. A halo shone over his face so fair, but his knees were out and his feet were bare. And he sang a song both sad and sweet, while the flies died all around his feet, for he had no grub in his shop to eat, and the ground was covered over with sleet. Now, what in the world was the cuss to do? He had eaten the paste and swallowed the glue; he hadn't a drink, he hadn't a chew, and while he starved his whiskers grew, and the villain still pursued her.—Shannon (Ill.) Reporter.

The new officers of the Oregon State Medical Society, elected September 11, 1902, are as follows: President, Dr. Henry Waldo Coe, Portland; first vice president, Dr. F. W. Van Dyke, Grant's Pass; second vice president, Dr. J. A. Geisendorfer, The Dalles; third vice president, Dr. J. P. Tamiesie, Hillsboro; secretary, Dr. A. D. Mackenzie, Portland; treasurer, Dr. Mae Cardwell, Portland; councilors, Dr. W. J. May, Baker City; Dr. J. Fulton, Astoria; Dr. William Amos, Portland; Dr. G. F. Wilson, Portland; Dr. C. S. White, Gervais; Dr. S. T. Linklater, Hillsboro; Dr. W. T. Williamson, Salem; Dr. William House, Pendleton; Dr. Ellis, Portland; Dr. R. C. Coffey, Portland.

A demonstrable fact. The Critique is read from cover to cover, nothing escaping the eagle eyes of its readers—editorials, book reviews, personals and advertisements. The pleasing comments of the eastern medical press, personal letters received, congratulating us, are very gratifying. We do not wish to create the idea that it is always one way. Oh, no! Sometimes the "knocker" is in evidence, especially when his toes are trod upon, when the truth has been recorded, which they think will reflect upon them as men and homeopaths. The Critique wishes to please everyone, but cannot always do so and tell the truth.

Judging from the number of romances which have had their inception recently in the hospitals of Denver, those institutions will soon have to either add a bureau for the proper transaction of business matrimonial or else have their nurses and physicians sign a contract not to fall in love with each other. The latest hospital romance that has ended in a happy marriage is reported from the Homeopathic hospital. The interested parties are Dr. Guy Stewart Vinyard and Miss Abbie Geneva Thurston, their wedding being celebrated Wednesday evening at the residence of Mr. and Mrs. Frank Trumbull, 1439 Franklin street, by Dr. George Bedell Vosburgh. Dr. Vinyard was house physician of the hospital for 1901, and at the same time Miss Thurston was the head nurse. In accomplishing their professional duties it was inevitable that these two frequently meet in the stillness of the sick chamber, and what more natural than that the pretty nurse should grow to admire the manly skill of the grave young physician, or that he should note the deftness with which her small white hand administered the potions and powders which he prescribed? And what still is more natural than that out of the mutual admiration for ability should grow mutual friendship, and out of that something tenderer and all-absorbing should spring? Anyway that is the fashion after which it all happened, and the manifold congratulations which have been showered upon the young couple by their friends are evidence that what has happened is all right.—News, Sunday, Nov. 30.

Of course it's all right, "all right," and The Critique adds its good wishes to those of the many friends of the happy couple.

The address of Dr. J. Wylie Anderson before the Colorado State Homeopathic Medical Society at Pueblo, needs to be read to be thoroughly appreciated. It is filled with some most excellent ideas that have been brought down to the instant of their delivery. His references to the dim and hoary past and the gradual but effective connecting of that period with the very latest of modern ideas is the work of a deep student and a master of medicine. It is, indeed, a fine address, and worthy of careful study and filing away for other readings. His sarcastic reference to the doctor who can see no good in any school of medicine but the one in which he has studied; the M. D. who cures every case of diphtheria, scarlet fever, and meningitis; and that other doctor who daily visits sixty cases reminds us of some of the herculean labors performed in our own city in the matter of vaccination. We learn that one of our friendly rivals vaccinates from seven to eight hundred persons every day. And the common people who believe him gladly because he rides an auto done in maroon and brass, and has a leathern-capped "chefonier," at once multiply this fabulous figure by twenty-five cents, which he claims he receives for each vaccination, and then wonder why he continues to practice just everyday medicine. Yes, Brer Anderson, he needs the prayer of the faithful, for he is an awful liar.—The American Physician.

A Learned Certificate.

Crescent City Iowa Pottawattamie Co May the 1th 1886.

Dr. sir from Your Request Threw David Dunke of this City i Examined His Lungs & Hart and i find His Lungs in a Pelmoris state of Pathisis Hart in a cronic Percodic state—His Pulce Ranging from 90 to 95 When Regler and i find a stopage often of the srcletashion And bothere With Piles & Iching of of the Ano cause from same. Yours

J. W. NUSUM. M. D

Cresent City Iowa May 1st 1886

Dr W. S. Edmundson Denver Colorado

Dear Sir I Send you the Statement of Dr P W Nusum of our Town he has Treated me now for Eight years past now Dock Dont you Remember of me Breaking out with an Itching after I Got over the Small Pox and you Gave me a Small Bottle of wash for the Same it was the only thing that ever done me any Good I am Just as bad with it yet as I was when you Docktered me at Keokuk now Dr Dear Sir when you make out your affidavit please have the clerk of your Court attach his Seal to it or it will be worthless all Pension Papers require the County Seals on if not they wont be Recognized in the pension office Yours Respectfully DAVID DUNKLE

P S Please State in your affidavit you was treating me when I was Discharged and oblige yours D DUNKLE

WITH THE FROST ON.

(There are 80,000 more women than men in Massachusetts.)
If you're looking for a wife come to Boston;
If you're single, wish to trade, or have divorced one
You will find one there, no doubt,
For they're lying all about,
Like Whitcomb Riley's pumpkins with the frost on. —Life.

A Notable Improvement in the Therapy of Typhoid Fever.

The recent discovery, by Duval and Bassett, of the presence of the bacillus dysenteriæ (Shiga) in forty cases of infantile summer diarrhœa, awakens renewed interest in the subject of intestinal antisepsis. But a few months have elapsed since Drs. P. C. Freer and F. G. Novy of the University of Michigan demonstrated the enormous germicidal power of benzoyl-acetyl-peroxide, more familiarly known as Acetozone. Although the preliminary reports of these investigators were of necessity based upon results of laboratory experiments, their expectations are already being realized in clinical work in the treatment of typhoid fever particularly.

In the city of Chicago, where a large number of cases of typhoid have been reported, Acetozone has been used exclusively in the treatment of about 300 of them. The consensus of opinion is that it causes the temperature to decline earlier than usual in the course of the disease, and it ameliorates the mental and physical condition of the patient, in all probability by controlling the toxemia.

Two Chicago practitioners, I. A. Abt, M. D., and E. Lackner, M. D., have thus far reported (Therapeutic Gazette, October, 1902,) forty cases of typhoid, in children, treated with Acetozone, with but two deaths, a mortality of five per cent. One of the patients that died succumbed to pneumonia and pulmonary edema, the other to great pyrexia on the fifth day. Stupor and tympanites were almost entirely absent in all the cases; the characteristic typhoid fetor of the stools was markedly diminished, and the hemorrhage occurred but twice, and in the same case. The average duration of the febrile period, in thirty-seven cases, after beginning Acetozone treatment, was 13½ days. The drug did not seem to act upon the heart or respiratory apparatus.

Early this year Eugene Wasdin, M. D., of the U. S. Marine Hospital service, Buffalo, New York, reported twenty-seven cases (American Medicine, February 8, 1902,) of typhoid fever, twenty-four of which were treated with Acetozone, all of the patients recovering. The writer says: "Its application in typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony and also in its secondary intestinal colony, and it has been used by hypodermoclysis to combat

terminal expressions, with the result that in twenty-four cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its most disagreeable features."

In a second paper, which appeared in the Therapeutic Gazette, for May 15, 1902, the same writer states that his patients were given from 1,500 to 2,000 c.c. of the aqueous solution of Acetozone daily. The diet was milk diluted with the same solution. The first influence of the drug is observed in the increased secretion of urine. That this is not due wholly to the ingestion of large quantities of water, necessitated by the use of the saturated solution, is evident from the author's assertion that the same result was observed when Acetozone was administered in capsules. The second influence to which attention is directed is the very pronounced decrease of the odor of the stools, while plate cultures from the dejecta showed comparatively few germs.

The deodorant and diruetic effects of Acetozone were also observed by G. H. Westinghouse, M. D., of Buffalo (Buffalo Medical Journal, August, 1902), who used it in seven cases. This observer remarks that with the increased flow of urine "a corresponding reduction of typhoid symptoms followed, and typanites and delirium disappeared." It should be remarked that the diagnosis in all these cases, as well as in most of those reported by the Chicago physicians, was confirmed by Widal's reaction and Ehrlich's test, and in some a blood-count was resorted to. Westinghouse concludes his paper by saying that "Acetozone, as an intestinal antiseptic, is unequaled by anything I have ever employed. A complete subsidence of all the bowel symptoms followed in every case of typhoid within a few days after beginning its use. The application of the antiseptic consisted, in most cases, in simply allowing the patient to drink the saturated aqueous solution ad libitum; or, in other words, substituting this solution for all other liquids, and urging the patient to partake of it freely when the natural craving was not sufficient to insure the consumption of considerable quantities."

POOR LITTLE WILLIE.

A swarm of bees chased Willie
Till the boy was almost wild.
His anxious parents wondered
Why the bees pursued the child.

To diagnose they summoned
Their physician, Dr. Ives.
"I think," he said, "the rason's clear,
Our Willie has the hives."

—Cornell Widow.

Date and Cause of Death of the Dead Presidents of the United States.

George Washington, December 14, 1799, pneumonia.
John Adams, July 4, 1826, debility.
Thomas Jefferson, July 4, 1826, chronic diarrhœa.
James Madison, June 28, 1836, debility.
James Monroe, July 4, 1831, debility.
John Quincy Adams, February 23, 1848, paralysis.
Andrew Jackson, June 8, 1845, consumption.
Martin Van Buren, July 24, 1862, asthmatic catarrh.
William Henry Harrison, April 4, 1841, pleurisy.
John Tyler, January 17, 1862, bilious fever.
James K. Polk, June 15, 1849, chronic diarrhœa.
Zachary Taylor, July 9, 1850, bilious fever.
Millard Fillmore, March 9, 1874, debility.
Franklin Pierce, October 8, 1869, inflammation of the stomach.
James Buchanan, June 1, 1868, rheumatic gout.
Abraham Lincoln, April 15, 1865, assassination.
Andrew Johnson, July 31, 1875, paralysis.
Ulysses S. Grant, July 23, 1885, cancer.
Rutherford B. Hayes, January 17, 1893, paralysis of the heart.
James A. Garfield, September 19, 1881, assassination.
Chester A. Arthur, November 17, 1886, Bright's disease.
Benjamin Harrison, March 13, 1901, pneumonia.
William McKinley, September 14, 1901, assassination.—Exchange.

THE BEST WAY.

This world is a difficult world, indeed,
And people are hard to suit,
And the man who plays on the violin
Is a bore to the man with a flute.

And I myself have often thought
How very much better 'twould be,
If every one of the folks I know
Would only agree with me.

But since they will not, then the very best way
To make this world look bright
Is never to mind what people say,
But do what you think is right.

—Our Dumb Animals.

"You say the evening wore on. What did it wear?"
"The close of day, of course."—Punch Bowl.



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MICROBES.

I've had the yaller janders till I looked like butterine;
I've had the fever'n ager till I turned a bluish green;
I've had th' rash an' measles an' I've had th' varyloid,
I've had th' grip an' shingles, an' a siege o' mean typhoid;
I've had th' wust lumbago that a feller ever had,
I've had syattic rheumatiz, an' had it mighty bad;
I've had them larinjeetuses an' tonsileetus, too,
I've had appendyseetus till they carved me through an' through;
I've had th' mumps an 'tizzick—w'y they raised me on the croup.
An' many a night in babyhood they thought I'd looped th' loop;
I've had chillblains an' bunions, had sore feet f'm spring t' fall—
Jest trot out sompin I've not had—I-jings I've had 'em all!
An' now comes all th' doctors with a theory nice an' new
That says all these diseases that has tackled me an' you
Is caused by some poor squirmin' thing that gets beneath th' hide
An' never feels quite happy till its boardin' house has died;
They tell us that th' backache an' th' headache an' the blues,
Is hatched by some dumb varmint that's crawlin' round yer flues;
They say that all ye haf t' do t' drive t' ailment off
That makes ye burn or shivr or lay 'wake at night an' cough
Is jest t' kill th' microbe that is doin' all th' dirt,
An' after that ye'll never know that anything had hurt.
I 'spose they're right, for most o' folks that's had their critters fix'd
Is deader than th' microbes—guess th' doctors got 'em mixed.
I'se got a little idee of my own I'm goin' t' spring—
An' this is it: I reckon that this theory that they've got
About th' germs an' creepers, which I think is tommyrot,
Is jest another sample of diseases that has come
From them same little microbes 'bout as big as nothin's thumb.
I reckon that this bug disease that's rulin' all their minds,
About th' little varmints crawlin' underneath our rinds,
Is caused by some fool microbe that has crept inside their skulls
An' won't let loose a minute till they's nothing left but hulls;
An' this theery epidemic that I'm speculatin' 'bout
Is worse'n any other that the docks has figgered out.

—Exchange.

NOT QUITE SO PAINFUL.

Teacher—What does the word celibacy mean?

Class—The state or condition of being single.

Teacher—Correct. Now if you wanted to express the opposite of celibacy, or singleness, what word would you use?

A Bright Pupil—Pleurisy.—Ex.

GRATITUDE.

By G. T. Palmer.

"Thank God for the doctor," the layman cried,
As he watched him with bated breath,
And saw the physician with skillful touch
Save the one that he loved from death.
"Thank God for the doctor," he humbly moaned.
"Every hour of my life I owe,
To him who has saved us this life to-day;
Saved the home from its grief and woe."
There were honest ters in the layman's eyes
As he held in a vise-like grip,
The doctor's hand that was thin and cold,
And pressed it with fervent lip.

What a lovely thing is this gratitude!
How sweet the reward we gain!
For the labor we do for the sick and weak;
Our labor of hand and brain!
What a wealth we have for our daily work
For those who are sad and ill,
How sweet to the ear is the grateful word
Until we present the bill!
Oh, wise was the man who of Old Nick wrote,
"When sick quite a monk he'd be;"
But gaining his health—what a truth it was—
That "devil a monk was he."

SPANISH PROVERBS.

Proverbs uncomplimetary to the fair sex are common in Spain. A woman, like a pavement, should be well trampled on to be kept in order," "A woman is like a candle. Twist her neck if you wish her to be good;" "Beware of a bad woman, and do not trust a good one;" "Crying in a woman and limping in a dog is all a sham;" "A cock crows on his own dunghill, but hens cackle everywhere" (this in reference to the supposed garrulousness and inquisitive disposition of the sex); "Show me a magpie without a spot and I will show you a woman without a fault." In English counterparts are not wanting, for example:

A woman, a dog and a walnut tree—
The more you beat them the better they be.

Mothers-in-law and stepmothers come in for a good deal of sarcasm. Some of the proverbs in regard to them will not stand translation. Of a man who is accounted lucky they say, "If he fell from the roof of a house, he would fall on the top of his mother-in-law."—Chambers' Journal.

